

Dear Applicant,

Attached please find an application package for the Assistance for Children with Severe Disabilities (ACSD) program. Please see the other side for qualifying criteria.

Please include the following information when applying for this program. We require **ALL** completed documentation before proceeding to determine eligibility.

Required Documents Checklist

- ACSD Application Form, dated and signed by the Applicant/Parent/Caregiver (enclosed). Note: unsigned applications will be returned
- Expense Report (enclosed)
- Questionnaire (enclosed)
- Consent to Recover ACSD Overpayment Form (enclosed)
- Consent to Disclose and Verify Personal Information Form (enclosed)
- Copy of **your Canadian citizenship or immigration status in Canada** (e.g. Canadian Birth Certificate OR if you were not born in Canada please provide a copy of your most recent immigration document)
- Copy of **your child's Canadian citizenship or immigration status in Canada**
- Copy of **your child's health card**
- Copy of **MEDICAL documentation** that details your child's disability or diagnosis, signed by a Physician or a Psychologist in Ontario (e.g. Psychological Assessment)
- Copy of **2019 Notice of Assessment** (showing line 15000) for yourself (if single), or for you & your spouse (if married or in a common-law relationship even if \$0 amount)
- Copy of **2019 Canada Child Benefit (CCB) Notice** for the period July 2020 – June 2021. This document is mailed to you from Canada Revenue Agency in July each year. This document includes the name of your child/children and your marital status
- Bank information or a void cheque for direct deposit

Please send the above documentation to:

Ministry of Children, Community and Social Services
SPECIAL NEEDS UNIT
Central Region – Mississauga Office
6733 Mississauga Road, Suite 200
Mississauga, ON L5N 6J5

Faxed applications will **not** be accepted. Please keep a copy of the complete application for your own records. It is important that all photocopied information be clear and legible, especially health cards and void cheques.

We ask that you provide a telephone number where we may contact you during the day in the event we require clarification of the information you have provided.

Please do not hesitate to contact our office should you have any questions regarding the ACSD program or your application at: 905-567-7177 or toll free 1-877-832-2818.

(For Parent Surname A – KOZ) (416) 669-9732
(For Parent Surname KPA – Z) (416) 277-5704

**Please note: It may take up to four months to
process your application.
You will receive confirmation of eligibility by mail.**

**QUALIFYING CRITERIA FOR
ASSISTANCE FOR CHILDREN WITH SEVERE DISABILITIES (ACSD)**

The following factors are considered in determining if the family is eligible for ACSD:

- ✓ Child must be under 18 years of age;
- ✓ Qualify as severely disabled (ongoing mental or physical condition that results in a functional loss. A functional loss refers to a major loss of ability, or capacity, to engage in any activity commonly considered necessary and appropriate to normal daily living.)
- ✓ Resident of Ontario living at home with the parents/legal guardian;
- ✓ There must be ongoing extraordinary costs related to the disability (transportation to medical appointments or to a special program(s) related to the child’s special needs; parental relief; learning and developmental equipment, medical supplies, etc.)
- ✓ The gross annual income must be within the levels set out in the Ontario Disability Support Program Directives as indicated in the chart below.

Family Size (including parents)	Full basic entitlement may be paid up to: (gross family income)	You may be eligible for some entitlement up to: (gross family income)
Up to 4	\$42,000	\$66,000
Up to 5	\$43,000	\$67,000
Up to 6	\$44,000	\$68,000
Up to 7	\$45,000	\$69,000
The income levels will be raised by \$18,000 for each additional child with a disability to calculate the net entitlement.		
September 2019		

ASSISTANCE FOR CHILDREN WITH SEVERE DISABILITIES

Responsibilities Information Sheet

The purpose of the Assistance for Children with Severe Disabilities program is to help parents with the ongoing extraordinary costs arising from their child's disability.

Your responsibilities:

- You will be required to provide copies of your Income Tax Returns and/or Notices of Assessment for yourself and spouse (if applicable).
- You will be required to complete periodic reviews of your expenses.
- You may be required to provide updated medical information.

You are to advise your Special Agreements Officer of any changes in your circumstances such as those listed below:

- ✓ If your family moves or your telephone number changes
- ✓ If your child enters a hospital, residence or institution
- ✓ If your child leaves your care
- ✓ If your marital status or family size changes
- ✓ If you leave the province for more than 30 days

Failure to comply with any of the above may result in the suspension of benefits or an overpayment on your file.

The amount of your benefit may vary year to year based on income reviews and extraordinary expenses.

It is your responsibility to keep copies of information submitted to our office. We will not provide photocopies.

PLEASE KEEP THIS INFORMATION SHEET FOR FUTURE REFERENCE

ASSISTANCE FOR CHILDREN WITH SEVERE DISABILITIES

~ Explanation of Extraordinary Costs ~

Definition:

Extraordinary costs are those costs directly associated with the disability of the child which are incurred above and beyond the expected costs of maintaining the child at home. For example, if a child needs special shoes, the expense allowed would be the difference in the price between the specialized shoes and the regular shoes. If extra pairs are needed due to the child's disability, then the cost of the extra pair(s) will be considered.

Transportation:

Transportation and lodging costs may be considered when the purpose of the trip is to escort the child for treatment related to the disability or related medical care. Costs incurred to visit or while visiting a child are not allowable expenses. Transportation costs paid to a common carrier (i.e. car, bus, train, etc.) are allowed at actual cost. You will be reimbursed at \$0.40/km in Southern Ontario and \$0.41/km in Northern Ontario for the use of a private car.

Meals, when traveling out of town, are acceptable based on the following schedule: Breakfast – \$5.00; Lunch - \$8.00; Dinner - \$15.00. These are typically approved for the identified child and one accompanying adult.

NOTE:

Loss of pay as a result of having to take your child for treatment is not an allowable expense.

Parental Relief:

Allowable expenses are when the purpose is to permit the parents relief necessitated by the severity of the disability or to allow the parents to devote more time to the other children in the family.

Babysitting/child care:

Allowable expense is the difference between the cost of regular child care and the cost of specialized care as a result of the disability. If the child does not require specialized care no costs will be allowed.

Special Diets:

Special diets must be authorized by the physician. If your son/daughter requires a special diet, please obtain the ***Special Diet Allowance form*** from the Ministry for physician completion. The cost of the benefit is pre-calculated by the Ministry and will be determined at the time of grant and reviewed annually if the physician indicates it's required.

Medical Costs:

Additional medical costs incurred by parents as a result of payments made to doctors who have opted out of the Ministry of Health and Long-Term Care (MOHLTC) fee schedule or where the MOHLTC does not cover the full costs of an item **are not to be included** in the calculation of special needs and costs.

Drug Plan:

Costs covered by a drug and/or dental plan are not to be included in the calculation. You can use your eligible child's health card at the pharmacy to pay for prescriptions. If granted ACSD you will receive the Healthy Smiles card to cover basic dental expenses.

Summer Camp Fees:

For a child attending a camp, transportation costs to the camp and registration fees will be considered.

Special Learning/Developmental Equipment:

If special items have been recommended by a professional for child's learning and development these items will be reviewed to determine if they are approvable expenses (i.e. specialized toys, books, etc.)

Other items:

Items not mentioned in the above examples may still be considered based on the individual needs of the child.

Assistive Devices Program (ADP):

ADP items will be covered at 100% of the ADP approved costs if you advise the vendor you are in receipt of ACSD benefits.



☐ Application ☐ Annual Report

Applicant/Spouse

Please complete both sides

a) Applicant's Surname	Given Name(s)	Case Org.	Member I.D.
------------------------	---------------	-----------	-------------

Address

Unit Number	Street Number	Street Name	PO Box	Telephone Number
City/Town		Province	Postal Code	
Date of Birth d m y	Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Insurance Number - -	Health Number	

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Deserted ☐ Spousal

b) Spouse's Surname	Given Name(s)	Social Insurance Number - -	Date of Birth d m y
---------------------	---------------	--------------------------------	------------------------

Consent to discuss ACSD application/benefit with spouse ☐ Yes ☐ No

Dependants

Severely disabled child's name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Health Number	Date of Birth d m y
--------------------------------	---	---------------	------------------------

Does the child spend any time in a hospital/institution? Please specify

Other Children							
Name		Sex M F		Age	Name		Sex M F Age
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>

If present family income is substantially different from previous taxation year, explain and, if necessary, attach detailed list of current income.

Has an application been made for Special Services at Home Program? ☐ Yes ☐ No

Declaration

I, _____ am the applicant named on page 1, or the person making application on behalf of the applicant.

I certify that all of the statements in the foregoing application are true to the best of my knowledge and belief and no information required has been omitted or concealed.

Should a benefit be granted to the applicant on the basis of the foregoing information, I undertake to notify the Director, or his representative, of any change in our circumstances, especially as they pertain to income, and to the residence of the children.

Dated this _____ day of _____ , 20 _____ .

_____ Signature of Witness	_____ Signature of the Applicant or person making application on behalf of the Applicant
-------------------------------	---

_____ Signature of Witness	_____ Signature of Spouse
-------------------------------	------------------------------

Note: The *Ontario Disability Support Program Act, 1997* Sec. 59 states that a person who knowingly obtains or receives a benefit that he/she is not entitled to obtain or receive under the Act and the regulations is guilty of an offence.

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45 & 46, 59 or the *Ontario Works Act, 1997*, sections 7, 8, 15, 57 & 58 for the purpose of administering Government of Ontario social assistance programs.

For more information contact the Special Needs Unit at 905-868-8900 or toll free at 1-877-669-6658.

Parent Name _____ **Member ID** _____

Child Name _____ **Disability** _____

The Assistance for Children with Severe Disabilities Program helps parents with some of the extraordinary costs of caring for a child who has a severe disability.

You may be required to verify these expenses.

1. TRANSPORTATION AND MEAL COSTS

Transportation and meal costs may be considered when the purpose of the trip is to escort the child to treatment or medical appointments related to the disability. Transportation costs paid to these appointments (e.g. car, bus, train, etc.) are allowable at actual cost. You will be reimbursed at \$0.40 per kilometre for the use of a private car. Meals are allowable for the child and parent(s).

Please note that loss of pay as a result of having to take your child for treatment is not an eligible expense.

Doctor/Hospital/Clinic/Treatment Centres <ul style="list-style-type: none"> Please include the address 		Number of trips per year	<input type="checkbox"/>	Total kilometres return trip	<input type="checkbox"/>	Total kilometres per year
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
Total kms						
A) Total Travel:					YEARLY COSTS	OFFICE USE
1) <u>Private Car</u> Total km/year _____ X \$0.40/km = \$_____year						
2) <u>Other Method of Transportation Used</u> Please identify the locations on the above table, circle the method of transportation below, complete costs and <u>provide receipts</u> with your application/update. <div style="text-align: center;"> taxi / bus / train </div> Cost per trip \$_____ X _____ trips/year = \$_____/year Cost per trip \$_____ X _____ trips/year = \$_____/year						
3) Parking costs: Hospital/Doctor's Office _____ : \$_____ X _____ visits/year = \$_____/year Hospital/Doctor's Office _____ : \$_____ X _____ visits/year = \$_____/year Hospital/Doctor's Office _____ : \$_____ X _____ visits/year = \$_____/year						
B) Meal Costs: expenses for child and parent(s) (out-of-town treatment/medical care only) Breakfast - \$ 5.00 x _____ persons x _____ number of trips = \$_____/year Lunch - \$ 8.00 x _____ persons x _____ number of trips = \$_____/year Dinner - \$15.00 x _____ persons x _____ number of trips = \$_____/year						
C) Accommodation Costs: (out-of-town treatment/medical care only, receipts are required) Per day \$_____ x # of days _____ = \$_____ Per week \$_____ x # of weeks _____ = \$_____ Reason for your stay: _____						
Total transportation, parking, meal and accommodation costs:						

2. EXTRAORDINARY CHILD CARE AND BABYSITTING COSTS

4. DRUG AND MEDICAL COSTS

[illegible]

5. EDUCATION, PARENTAL RELIEF, AND OTHER EXPENDITURES

	YEARLY COSTS	OFFICE USE
<p>5.1 <u>Special Learning/Developmental Equipment</u> Up to \$300 a year for equipment to enhance the child's learning may be considered (e.g., educational toys, books, tapes, batteries, weighted vests, weighted blankets, etc.). If the cost of specific special items exceeds \$300 and a professional has recommended them, please provide a copy of the recommendation. Computer equipment and cell phones are not covered.</p> <p>Please explain: _____ _____</p>		
<p>5.2 <u>Special Social Programs</u> Costs for specific community programs with the purpose to encourage socialization and/or physical stimulation may be considered. Please provide the name of program(s) and cost. _____ SS _____</p>		
<p>5.3 <u>Special Summer Camp Fees</u> Please provide the name of the camp(s) and actual costs paid by the parent. _____ _____</p> <p>Actual Cost to Parent (not including subsidy): \$_____</p>		
<p>5.4 <u>Parental Relief</u> Costs of respite may be considered up to a maximum of \$150/month - which provide respite to the caregiver and allow parents to devote more time to other family members). Worker name and phone number _____ Number of hours/month _____ x \$_____ /hour x _____ months = \$_____</p>		
<p>5.5 <u>Other Expenses</u> Other expenses include costs not previously listed, which take place as a direct result of the child's disability, e.g. service dogs. _____ _____ _____</p>		

<div>5.6</div> <div>Home Repairs</div> <div>Please list costs that are a direct result of the child’s disability. An explanation must be provided in order to consider this expense. Home/vehicle modifications and the replacement of household items are not covered.</div> <div>Please Explain: _____</div> <div>_____</div>	YEARLY COSTS	OFFICE USE

Please provide any additional comments or information below:

Date: _____ Signature of Parent/Guardian: _____

Please provide a number where you may be reached during the day: _____

PERSON OR AGENCY ASSISTING IN THE COMPLETION OF APPLICATION (if applicable)

Name: _____

Agency: _____

Phone Number: _____

OFFICE USE ONLY	
FAMILY SIZE _____	
TOTAL INCOME _____	
TOTAL COST _____	BASIC ENTITLEMENT _____
	NET ENTITLEMENT _____
	EFFECTIVE DATE _____
Signature of Special Agreements Officer	

PLEASE COMPLETE THE FOLLOWING INFORMATION TO ASSIST US IN PROCESSING YOUR APPLICATION:

Member ID: _____ Caseload: _____

- 1. General:** (is your child on any medication at this time and for what, are they small for their age, can they be left alone and for how long and why, can they prepare simple meals, do they wear glasses or hearing aids, can the monitor or administer their own medication)

[illegible]

- 2. Mobility:** (is your child confined to a bed, do they use a wheelchair, walker or other aid, are they able to run, jump, ride a bike, go up and down stairs alone, do they wear orthotics)

[illegible]

- 3. Eating Habits:** (is your child eating solid foods or pureed, can they feed themselves, are they tube fed, do they have a special diet and why, can they drink from a cup, can they cut their own food)

[illegible]

- 4. Dressing Habits:** (does your child wear special clothing and why, can they dress/undress themselves alone or with assistance, can they do buttons/zippers/laces, do they wear special shoes)

[illegible]

5. Hygiene: (are they toilet training, do they wear diapers, do they wear pull-ups at night, able to use the toilet by themselves, can they wipe themselves, do they require special equipment such as urinary bags, colostomy bags, can they bathe alone or do they need assistance, can they set the water temperature)

6. Communication: (are they non-verbal, are they speaking, how clearly, are they understood by others, how do they communicate if they don't speak, are they deaf, can they use sign language, do they use any form of communication device, can they see)

7. Mental, emotional and behavioural: (Are they able to maintain friendships, are they verbally aggressive, are they physically aggressive, what type of aggression, how often, are they destructive, are they depressed)

8. Schooling: (are they in a special class at school, do they have a teaching assistant, is there an IEP, are they home schooled, are they grade appropriate, are they in a special school, can they read and write, do they know the alphabet)

9. Programs: (involvement from Speech Therapy, Physiotherapy, Occupational Therapy, IBI, Respite, CCAC, Hospital for Sick Children, Psychologist, Behaviour Therapist, Infant Development)

Member ID

Note to Applicant/Recipient

In order to receive financial assistance through the Assistance for Children with Severe Disabilities (ACSD), all applicants/recipients must agree to the recovery of any overpayments made to them. This form documents your agreement to this condition of eligibility.

It is an overpayment when you receive more financial assistance than you are entitled. If you receive an overpayment, the excess may be recovered through deductions at a rate of 2 per cent (2%) of your regular monthly payment until the overpayment has been recovered.

You can help avoid potential overpayments by notifying your Regional Office of any changes to your circumstances that may affect your entitlement immediately, including changes in disability-related expenses or household income.

As a person receiving financial assistance under the Assistance for Children with Severe Disabilities (ACSD), you may appeal an overpayment decision and you may appeal a decision to recover an overpayment to the Social Benefits Tribunal. Please contact your local Children, Community and Social Services office for further information on the appeal process.

As a condition of eligibility to receive financial assistance under the Assistance for Children with Severe Disabilities (ACSD) program, I, _____ agree that if an excess
Given Name, Surname

amount of financial assistance has been given to me, the Director may deduct that amount from any future financial assistance provided under the Assistance for Children with Severe Disabilities program to which I may be entitled.

Signature

Date (dd/mm/yyyy)

O. Reg. 224/98, s 7. It is a condition of eligibility for financial assistance under this Regulation that the person receiving it agree that if an amount has been provided to the person in excess of the amount to which he or she was entitled, the Director may deduct that amount from any future financial assistance.

Notice with Respect to the Collection of Personal Information

Freedom of Information and Protection of Privacy Act

The information is collected under the legal authority of the *Ontario Disability Support Program Act, 1997* for the purpose of administering the Ontario Government’s social assistance programs. For further information, contact your nearest Children, Community and Social Services office.



Ministry of Children,
Community and Social
Services

Assistance for Children
with Severe Disabilities
(ACSD)

Consent to Disclose and Verify
Personal Information

Member ID

Consent to Disclose and Verify Personal Information

I/We, _____

Full name of applicant/recipient

Name of spouse

consent to the exchange of personal information between the Ministry of Children, Community and Social Services and

- an Ontario Works delivery agent
- the Government of Ontario or any agency, ministry or department of Ontario, such as the Ontario Disability Support Program
- any community agency or organization or service provider that provides services to us or for my/our disabled child(ren)

for the purposes of determining or verifying my/our initial and ongoing eligibility for financial assistance through the Assistance for Children with Severe Disabilities (ACSD) program under the Ontario Disability Support Program Act, 1997.

I/We understand that exchange of personal information means both the collection of personal information from and the disclosure of personal information to third parties for the purpose of determining verifying my/our initial and ongoing eligibility for the Assistance for Children with Severe Disabilities program and for administering my/our ACSD financial assistance.

I/We understand that this exchange of information may take the form of telephone conversations, face-to-face meetings, sending letters or records by mail or facsimile or electronic data exchanges.

I/We understand that this consent will apply to inquiries made relating to my/our initial eligibility for, as well as my/our past and ongoing receipt of the Assistance for Children with Severe Disabilities benefit.

I/We have read or had read to me and understand the consent set out above.

Signature of applicant/recipient

Witness

Date

Signature of spouse of applicant/recipient

Witness

Date

Notice with Respect to the Collection of Personal Information
Freedom of Information and Protection of Privacy Act

The information is collected under the legal authority of the *Ontario Disability Support Program Act, 1997*, s.49 for the purpose of administering the Ontario Government’s social assistance programs, specifically Assistance for Children with Severe Disabilities. For further information, please contact the regional office.

Assistance for Children with Severe Disabilities

Special Services at Home

Enhanced Respite Funding

Ministry of Children, Community & Social Services

ASSISTANCE FOR CHILDREN WITH SEVERE DISABILITIES (ACSD)

PURPOSE

ACSD is a monthly benefit to assist parents of children with severe disabilities. This program assists parents/guardians with the extraordinary costs associated with having a child with serious medical needs.

WHO IS ELIGIBLE

- The applicant (parent/legal guardian) and child must have status in Canada (Canadian citizenship, permanent residency, or refugee claimant) and be a resident of Ontario
- The child must be less than 18 years of age and living at home with their family
- The child must have a severe disability resulting in a functional loss
- The family is incurring ongoing, extraordinary costs directly as a result of the child's disability

DEFINITIONS

Severe Disability Resulting in a Functional Loss: refers to an ongoing mental or physical condition which results in a major loss of ability or capacity to engage in any substantive activity necessary and appropriate to normal daily living.

Extraordinary Costs: costs directly associated with the disability of the child.

BENEFIT AMOUNT

The ACSD benefit is between \$25.00 and \$500.00 per month depending on:

- Family size (including parents and other dependent children)
- Total gross family income
- The total amount of eligible extraordinary costs arising from the disability

If the family's income is above the set limit, the benefit will not be provided, or may be reduced according to a pre-calculated sliding scale.

ADDITIONAL BENEFITS

- Dental Benefits (Healthy Smiles Ontario)
- Eyeglasses (with prior approval)
- Hearing Aids (with prior approval)
- Mobility device repairs and batteries (with prior approval). Items covered at 100% with the Assistive Devices Program top up funding

APPLICATION PROCESS

An application form can be obtained from your nearest Ministry office. On receipt of the completed form, a Ministry staff member will review the application to determine eligibility.

The applicant will be advised of the outcome by mail.

SPECIAL SERVICES AT HOME (SSAH)

PURPOSE

The SSAH program provides individualized funding on a time-limited basis to purchase supports and services beyond those traditionally provided by families, which are not available elsewhere in the community.

WHO IS ELIGIBLE

- A child under the age of 18 years with a developmental or physical disability
- A child who is a resident of Ontario (Canadian citizenship, permanent residency, or refugee claimant)
- Have ongoing functional limitations as a result of a disability
- Require support beyond that which is a normal family responsibility and
- Are living at home with their families

Note: The SSAH program is not designed to fund supports for activities that are already provided by (or available from) Ministry funded community agencies.

DEFINITIONS FOR THE PURPOSES OF SSAH

Developmental Disability: is defined as “a condition of mental impairment present or occurring in a person’s formative years that is associated with limitations in adaptive behaviours”. It does not include impairments that are primarily attributable to emotional or psychiatric disorders or specific developmental disorders such as learning disabilities.

Physical Disability: is defined as an ongoing and significant “restriction or lack of ability to perform an essential physical activity in a manner or within the range considered normal for a person”. This shall include children with other sensory impairments (deafness and/or blindness).

SERVICES FUNDED

Funding is intended to help children with physical and/or developmental disabilities participate in their communities and to make use of services available in their communities. Children with disabilities and their families identify a broad variety of needs. The SSAH program provides funds for families to purchase necessary supports that cannot be met by a service available elsewhere in the local community. Funds are provided for the following:

- Personal development and growth, and/or
- Family relief and support

APPLICATION PROCESS

An application form can be obtained from your nearest Ministry office or the Ministry website. The application form provides families with children with a disability an opportunity to outline their current situation, state their needs, current services, goals and requests.

Ministry staff reviews each application, make decisions and set priorities based on:

- Needs of the individual
- Family needs
- Supports required
- Community supports and services available
- Support networks of the individual and family
- Locally identified priorities
- Availability of funds

SSAH funds are approved for one fiscal year at a time.

ENHANCED RESPITE FUNDING – MEDICALLY FRAGILE AND/OR TECHNOLOGICALLY DEPENDENT CHILDREN (MFTD)

PURPOSE

To provide respite funding to families of children under the age of 18 years who are medically fragile and/or technologically dependent.

DEFINITIONS

Medically Fragile: chronic medical and/or physiological conditions that combine to make them in need of ongoing intervention or supervision for survival.

Technologically Dependent: use of a medical device to compensate for the loss of a life sustaining bodily function (ventilator for respiratory failure) and require ongoing intervention or supervision for survival.

WHO IS ELIGIBLE

Eligibility is determined by the Local Health Integration Network (LHIN), which is funded through the Ministry of Health and Long-Term Care.

APPLICATION PROCESS

If you have questions concerning this funding, please contact your Local Health Integration Network (LHIN).

MFTD funds are approved for one fiscal year at a time.

**CENTRAL REGION
MINISTRY OFFICE LOCATIONS**

**17310 Yonge Street, Unit 1
Newmarket ON L3Y 7R8
905-868-8900, Toll free 1-877-669-6658, ext.1902**

**6733 Mississauga Road, Suite 200
Mississauga ON L5N 6J4
905-567-7177, Toll free 1-877-832-2818, ext. 216 or 241**