



## PAL ASSIST AGREEMENT

### 1. PURPOSE

**THREE TO BE** understands that in order to reach their full potential and future success, children with neurological disorders need the strongest possible support system and advocates in their corner. This begins with their parents and families. Our goal is to ensure that parents thrive, not just survive each obstacle and challenge they face on behalf of their children. Parent Advocacy Link (PAL) is designed with all of this in mind. We focus our assistance for families in three areas:

#### *Knowledge*

We have created an online space for parents where they can access information, tools, resources and peer support that helps them become the greatest advocates they can be for their children. We partner with community organizations across Ontario and Canada to ensure that what we provide is the most relevant for our families' needs and to make our collective voices heard.

#### *Empowerment*

Additionally, we provide these families with the chance to participate in conferences and workshops that inform and build awareness for our families. These opportunities showcase current research initiatives (hope), cutting edge treatment options (encouragement) and leaders in government and the medical community (education).

#### *Support*

From the moment that they receive their child's diagnosis, parents and families experience a range of emotions – from fear and desperation to hope and deep love. **THREE TO BE** has two funding initiatives through **PAL Assist** that allow parents to apply for support. The programs include: (a) Respite Program (parent and family respite) and (b) a Fee Subsidy Program – designed to respond directly to the here and now needs of our families, as well as enhance the degree to which they are nurtured and supported within our community.

### 2. DEFINITIONS

- a) **“Applicant”** means person who has completed the requisite application form for either the Respite Program or the Fee Subsidy Program.
- b) **“Application”** means a completed application form for either the Respite Program or the Fee Subsidy Program.
- c) **“Expenses”** includes, but is not limited to, any expense for photocopying, doctors records, etc.

- d) **“FOIPP”** means the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F 31, as amended and its regulations, thereto.
- e) **“Medical Documentation”** means documentation from a qualified regulated health professional.
- f) **“Neurological Disorder”** means a disorder of the central and peripheral nervous system, as recognized by a qualified regulated health professional.
- g) **“Personal Information”** means personal information as defined in the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.F 31, as amended, and its regulations, thereto.

### **3. ELIGIBILITY**

#### **A. Applicant Eligibility**

A parent or parents of a child may apply to receive funding from the (i) Respite Program and/or the (ii) Fee Subsidy Program. The child must be under the age of 18 years and have a valid Ontario Health Card. The child must have a confirmed diagnosis of a neurological disorder and provide supporting medical documentation. An Applicant will only be permitted to submit an application one time per year for the (i) Respite Program and one time per year per child for the (ii) Fee Subsidy Program.

#### **B. Program Eligibility**

##### **(i) Respite Program**

The Respite Program provides funding for either a parent or the family of a child with a neurological disorder, in the maximum available amount of \$250.00. The program provides funding for a form of respite that is self-defined for the benefit of either the parent or the family. The goal of these funds is to ensure respite is the outcome and as such, is based on the voice and choice of the applicant.

Supporting documentation regarding the costs of the activity must be included with the application.

##### **(ii) Fee Subsidy Program**

The Fee Subsidy Program provides funding for a therapeutic or recreational program for the child diagnosed with a neurological disorder, in the maximum available amount of \$250.00. The therapeutic program must be provided by a registered health professional. Programs include, but are not limited to, therapeutic horseback riding, summer camps, arts programs, massage therapy, physiotherapy.

Supporting documentation regarding the costs of the activity must be included with the application.

### **C. Selection Process**

Each complete application will be granted in the sequence it is received, subject to available funding. Any incomplete application will be returned to the Applicant outlining which information is missing.

### **D. Program Evaluation**

A survey will be provided to all recipients of the Respite and/or Fee Subsidy programs to provide information about the impact and outcome of the program. This enables THREE TO BE to measure program success and secure further funds from donors.

## **4. EXPENSES**

Each Applicant is responsible for any and all expenses related to the application.

## **5. PERSONAL INFORMATION**

THREE TO BE undertakes to protect and dispose of the Applicant(s)' Personal Information in accordance with the provisions of the *FOIPP Act*, and its regulations and amendments thereto.

## **6. TERM OF PAYMENT**

All monies granted for an approved application must be used within four (4) months from the date of approval. If the monies are not used within this timeframe, the application shall be deemed to be forfeited.

## **7. INDEMNITY**

Applicant(s), parent(s) and child(ren) will indemnify and save harmless THREE TO BE and its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/contractor, in the fulfillment of utilizing the funds provided by THREE TO BE. THREE TO BE acts as a third party funder and as such has no role in prescribing therapies or treatments, recommending programs or therapists, selecting a program or activity. Payment from the PAL Assist Program is not an acknowledgement that the program or activity was acceptable.

## 8. APPLICANT'S ACKNOWLEDGMENT

I, \_\_\_\_\_, acknowledge that I have read and understood the terms of the **PAL FUNDING APPLICATION AGREEMENT**, as outlined above.\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I do not wish to receive information from THREE TO BE such as PAL program funding updates, events and other organization details.

*\* Please retain a copy of this signed agreement for your reference.*