



## Program Overview

Funded by the Ontario Government Ministry for Seniors and Accessibility, March of Dimes Canada's Home and Vehicle Modification Program provides funding for basic home and / or vehicle modifications. By reducing or eliminating physical barriers which create life safety risks, modifications, adaptations, and devices enable children and adults with mobility restrictions to continue living in their homes, avoid job loss, and participate in their communities.

The HVMP provides funding for basic and essential solutions directly addressing physical barriers within a home or vehicle explicitly related to an applicant's disability and current mobility restrictions. Any items prescribed and or quoted not directly related to accessibility and removal of barriers will not be funded by the program and will be the applicant's responsibility.

There is no guarantee of funding upon application to HVMP. Funding will depend on the dollars available, and eligibility of the request and applications will be prioritized based on the assessed needs of the applicant.

The Program **will not approve reimbursement** of any cost for vehicle modifications, adaptations or devices prior to authorization from the program.

### **An eligible Applicant must:**

- be a permanent Ontario Resident. Temporary residents and visitors (e.g. tourists, students, foreign workers on a work permit, etc.) are not eligible.
- be in financial need, income of under \$60,000
  - Under 18 is the Applicant's Parent(s)/Guardian(s) combined income
  - Over the age of 18 is the Applicant and Applicant's Spouse/Life Partner's combined income
- Applicants (and their spouses / life partners/ guardians if applicable) with an annual income over \$35,000 are required to contribute towards the cost of the modification(s).



- have a permanent ongoing or recurring disability that impedes mobility and results in substantial restrictions in activities of daily living (eating, bathing, toileting, transferring, and mobility) and/or getting in and out of your home to access essential medical care or community services
- Be a vehicle owner who meets the Program eligibility criteria and who is applying for modifications to their vehicle
  - **OR** Be a vehicle owner who is applying for, and consenting to, a modification to their vehicle on behalf of a family member who meets the Program eligibility criteria.

**If eligible, you may apply for:**

- Up to \$15,000 for vehicle modifications, adaptations and devices every 10 years.



## Vehicle Modifications, Adaptations and Devices

The Home and Vehicle Modification Program is able to consider the following modifications, adaptations and devices:

- transferable equipment such as hand controls, foot controls, lifts, safety devices etc. These should be fully convertible, if possible, to any type of vehicle so that they can be transferred when the applicant changes vehicles
- specialized seating and related accessories required for transportation purposes
- remote control devices to open garage doors for persons who use wheelchairs, scooters, or who walk with difficulty
- raising the roof of a vehicle
- lowering of the floor of a vehicle
- barrier-free modifications to garages or carports
- further vehicle modifications required to meet the child's changing needs
- Repairs to electrical or battery-operated modifications that are not covered by warranty

The program is **unable to consider** the purchase of a new vehicle, vehicle upgrades or repairs.

**Please note:** Applicants looking to request funding for adaptive driving devices must already have completed the assessment and evaluation with a Certified Driver Rehabilitation Specialist (CDRS).

## Required Documents

Please do not send original documentation as documents cannot be returned and remove / black out Social Insurance Numbers (S.I.N.) from all submitted documentation

- 1) A signed Application
- 2) Proof of Income
- 3) Occupational Therapist Letter of Assessment or Certified Driver Rehabilitation Specialist (CDRS) for any adaptive driving devices.



- 4) Price Quote
- 5) Proof of Vehicle Ownership and Valid Driver's License

## 1. Signed Application

Please complete the application below and ensure it is signed by the applicant or the Applicant's active Power of Attorney or Substitute Decision Maker.

## 2. Acceptable Proof of Income

Applicants with a combined income **over** \$35,000 (up to a maximum of \$60,000) are required to submit:

- T1 General (Most current tax year)

Applicants with a combined income **under** \$35,000 are required to submit ONE of the following documents:

- T1 General (Most current tax year)
- Social assistance (GAINS, ODSP, Ontario Works)
- Notice of Assessment from Revenue Canada (Most current tax year)
- Tax Summary for current tax year

## 3. Occupational Therapist Assessment

An Occupational Therapist (OT) must complete either an assessment letter OR a Verification of Disability Form available on our website ([www.marchofdimes.ca/hvmp](http://www.marchofdimes.ca/hvmp)). The letter must also include the following information:

- The client's disability
- What primary mobility device(s) the client is using in the home
- A description of how their disability impacts their ability to independently complete activities of daily living such as eating, bathing, toileting, transferring and mobility
- The recommendation of devices, adaptations and/or modifications and how they will remove the barrier.
- What internal and external supports (people or services) are available to the client.



**Note:** You must provide an assessment from a Certified Driver Rehabilitation Specialist (CDRS) for any adaptive driving devices.

To find an Occupational Therapist (OT), ask your family doctor or contact Ontario Health atHome at 310-2222 (no area code required) who can recommend publicly funded OT services in your community. You can also find more information online about Finding an OT at:

<https://otontario.ca/find-an-ot/>.

#### **4. Price Quotes for Vehicle Modifications, Adaptation and Devices**

One price quote is required. All vendors must be able to be paid via Electronic Funds Transfer (EFT).

Please Note: applicants are required to locate qualified vehicle modifiers and contractors. A good resource is the National Mobility Equipment Dealers Association (NMEDA). NMEDA is the certifying body for the nationally recognized Quality Assurance Program (QAP), the only accreditation for auto mobility businesses in North America. To find a QAP-accredited dealer near you, please visit:

<https://nmeda.org/consumer-resources/dealer-locator/>

#### **Quotations must include the following:**

- name, address, and contact information
- separate line for all modifications, adaptations and devices required, quantity, unit cost and applicable taxes
- separate line for labour charges and applicable taxes
- separate line for delivery charges and applicable taxes
- a clear description of any warranties

#### **5. a) For Owned Vehicles Requiring Modification: Proof of Vehicle Ownership and Valid Driver's License**

All applicants requesting vehicle modifications to an owned vehicle must provide proof of each of the following:

- Copy of a valid driver's license both front and back



- **Note:** The driver of the vehicle must have a full G license and not a learner's permit.
- Copy of current vehicle ownership
  - **Note:** If you are the vehicle owner applying on behalf of a family member, you must include written consent for the requested modification(s) and confirmation that you are their primary driver.
- Copy of current vehicle insurance

### **5. b) For Pre-Modified (Used) Vehicles: Valid Driver's License, Modification Inspection**

All applicants requesting funds toward a pre-modified vehicle must provide proof of each of the following:

- Copy of a valid driver's license both front and back
  - **Note:** The driver of the vehicle must have a full G license and not a learner's permit.
- Copy of a current modification inspection from a qualified vehicle modifier stating it is in good working condition with a warranty for the modification itself.
- A copy of the Safety Standards Certificate with the vehicle VIN, Make, Model and Year along with an Odometer reading indicating the vehicle itself is in good working condition.

### **Sending in your Application with Supporting Documents**

Submit your completed and signed application with supporting documents to the Home and Vehicle Modification Program. Incomplete applications packages will not be processed for funding. One attempt will be made to contact the client or their primary contact person, if assigned, to secure missing information.



MARCH LA MARCHE  
OF DIMES DES DIX SOUS  
CANADA DU CANADA

**Home and Vehicle Modification Program (HVMP)  
Application for Vehicle Modifications**

Please be advised that applications sent by mail are re-directed to a P.O. Box. There is no advantage to paying to send documents “with priority” or “by registered mail” as it will not expediate the receipt nor can the Program sign for receipt.

**Mailing Address:**

March of Dimes Canada  
595 Bradley Ave, Unit 202  
London, ON N6E 3Z8

**Email Address:**

[hvmp@marchofdimes.ca](mailto:hvmp@marchofdimes.ca)

**Phone:**

1-877-369-4867

**Fax:**

519-432-4923



**Type of Funding Request**

**What are you requesting?** *(please print)*

**Is your request over \$15,000?**  Yes  No

If yes, please note that the Program will provide up to \$15,000 for home and/or vehicle modifications. Please identify what person, agency or organization will be paying the difference:

**Must complete box for Vehicle Modification requests. Please answer from the perspective of the applicant.**

1. **Is your vehicle:**  Owned  Leased  To be Purchased
  2. **Does the driver of the vehicle have a valid driver's license?**  
 Yes  No
  3. **Are you requesting driving controls?**  Yes  No
    - a. **If yes, are you certified/approved to use the hand control?**  
 Yes  No\*
- \*Please note:** If you are applying for adaptive driving devices, you must already have completed the assessment and evaluation with a Certified Driver Rehabilitation Specialist (CDRS).

**For all requests, please complete the following questions. Please answer from the perspective of the applicant.**

1. **Is your disability or project the result of (check all that apply):**  
  
**A workplace Injury:**  Yes  No  
  
**A Motor Vehicle Collison:**  Yes  No





**Applicant Information** *(please print):*

This information helps us know how best to contact you about your application

<b>Date of Birth:</b>	
<b>First Name:</b>	
<b>Preferred Name (if different):</b>	
<b>Last Name:</b>	
<b>Pronouns:</b>	
<b>Mailing Address:</b>	
<b>City &amp; Postal Code:</b>	
<b>Phone:</b>	
<b>Email Address:</b>	
<b>Marital Status:</b>	<input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<b>Source of Income:</b>	<input type="checkbox"/> CPP/OAS <input type="checkbox"/> GAINS <input type="checkbox"/> ODSP/Ontario Works <input type="checkbox"/> Other: _____

**Please contact me in the following ways:**

Email
  Phone Call
  Mail Only

**Primary Contact Person:**

By listing a Primary Contact Person below, I acknowledge that **I, the applicant, will not receive any information** or correspondence about the outcome of my application and the person below is authorized to speak and make decisions on my behalf.

<b>First Name:</b>	
<b>Last Name:</b>	



<b>Pronouns:</b>	
<b>Your relationship to the Applicant:</b>	
<b>Mailing Address:</b>	
<b>City &amp; Postal Code:</b>	
<b>Phone:</b>	
<b>Email Address:</b>	

**Please contact me in the following ways:**

- Email     Phone Call     Mail Only

**What best describes your reason for needing the requested modifications, only select one.**

Remove or minimize a life safety risk

**OR**

prevent hospitalization/institutionalization by assisting the individual to continue living safely in their home (with or without assistance)

**OR**

allow discharge from hospital/institution by assisting the individual to continue living safely in their home (with or without assistance)

**OR**

to seek or maintain employment

**OR**

allow a caregiver to meet the responsibilities of caring for a dependent with a disability (attend medical appointments, therapy, and community activities etc.).

**OR**

to support both children and adults to participate in developmental/community activities (Examples: to attend school, church, volunteer work, community activities, etc.).



## Permissions

**I agree that March of Dimes Canada may contact me for the following reasons:**

(check all that apply)

- Fundraising: To contact me about donating to March of Dimes Canada
- Survey: To obtain feedback on services I receive from March of Dimes Canada
- Opinion Poll & Research: To solicit my view on services or policies affecting people with disabilities
- Receive Information: To advise me of new information, services or opportunities that may be of interest to me but are from third party companies, agencies, or service providers
- Volunteer: To provide me with a volunteer opportunity
- Do not contact me

## **Protection (Privacy) of Applicant Personal Information**

### Purpose

March of Dimes Canada (MODC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MODC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MODC provides or unless a Canadian law requires it.



Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. MODC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information.

The full MODC Personal Information Protection (Privacy) Policy is available on the MODC website or by request.

**Confirmation of Financial Need**

I confirm that I understand this is a means tested Program intended to serve Ontario residents in the greatest financial need. If any information I have provided is found to be intentionally falsified, I understand the Home and Vehicle Modification Program may restrict me from receiving financial assistance in the future and may take legal action and may require me to repay any financial assistance that is received.

\_\_\_\_\_ (Initial) I certify that I am in financial need and this application package is a true, complete and accurate representation of my financial status.

**Consent**

I fully understand the reasons March of Dimes Canada (MODC) has requested my personal information and I give consent to MODC to use my personal information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that MODC will inform me of the implications of such withdrawal.

**Signature of Applicant:**

**Date:**



OR if signed by someone other than the applicant, please write your full name below:

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**(First & Last Name)**

I certify that I am the Applicant's Power of Attorney or Substitute Decision Maker