

Ceridian Cares Application Form

Our Mission: To improve the quality of life in our communities by providing financial assistance to individuals and families.

Instructions

1. Review the Ceridian Cares [Application Criteria and Granting Policies](#)
2. Answer all questions on this form
3. Photocopy all relevant supporting documentation
4. Mail Application Form and supporting documentation to: **Ceridian Cares
675 Cochrane Drive
Markham, ON L3R 0B8**

1. Applicant Information (information about the person filling out this form)

| | | | |
|------------------|------------------|-------------|--|
| First Name | | Last Name | |
| Address | | | |
| City | Province | Postal Code | |
| Daytime Phone No | Evening Phone No | E-mail | |

By checking this box, I confirm that I am more than 18 years of age _____ Initials

2. How did you hear about Ceridian Cares?

| | | |
|-----------------------|-------------------|----------------------------------|
| internet / web search | Ceridian employee | my employer, a Ceridian customer |
| community agency | | |
| other | | |

3. Recipient Information (information about the person who receives the grant/benefits from the grant)

Complete this section if Recipient is different from Applicant information above

| | | |
|--|------------------|---|
| First Name | Last Name | |
| Address | | |
| City | Province | Postal Code |
| Daytime Phone No | Evening Phone No | E-mail |
| Recipient is an employee or immediate family member* of an employee of Ceridian. <i>*immediate family member = spouse, domestic partner, parents, grandparents, stepparents, siblings, children and stepchildren of the Ceridian employee</i> | | <div style="display: flex; justify-content: space-around;"> Yes No </div> |

4. Recipient Age**5. Is recipient a Canadian resident?**

Yes

No

6. Recipient gross annual household income as per Canada Revenue Agency (CRA)

Notice of Assessment in the last taxation year [line 150]

7. Number of people supported by this household income**8. Request Type (check box)**

| Type of Grant | Examples – this is not an exhaustive list |
|--|---|
| Basic Essentials for Individuals or Families | Clothing & Footwear: Seasonal clothing, boots, shoes, children's clothing, work clothing, outerwear |
| | Food & Household Needs: Food, blankets, mattresses, cookware, dishes, small appliances, diapers, towels, infant formula, cribs, baby food, personal hygiene items |
| | Medical Devices & Therapies: Prosthetics, eyewear, medical equipment, special therapies, appliances for barrier free living, respite services, braille materials, counseling services, physiotherapy |
| Quality of Life Enhancements for Individuals or Families | Personal Development & Recreation: Recreation programs, camps, books, arts supplies, athletic programs to support the physical, mental and emotional well being of persons with disabilities, troubled children and youth |
| | Support for Sick or Disabled: Support services, training and assistive devices to persons with sickness or disability |
| | Support for Special Needs: Access to trained persons or services required by persons with mental or developmental disabilities to assist them with life skills, recreation and other daily activities |
| | Elderly Support: Support services for aged persons including personal care, housekeeping, meals, nursing, and transportation |
| | Counselling Services: Counselling services for people in distress |

9. Requested Grant Amount : \$

10. Describe the specific request, including pertinent information about the recipient and the family situation.

11. Describe how the funds will improve the quality of life for the recipient.

12. Describe how the funds will impact the recipient's family.

13. Describe how the funds will benefit the community.

14. Provide any other relevant details.

Enclose COPIES of supporting documentation (please do not submit originals).

Remove / black out (redact) any irrelevant personal information (e.g., S.I.N.) from the documentation.

- **REQUIRED:** The recipient's Canadian birth certificate or permanent residence card
- **REQUIRED:** The most recent year's Canada Revenue Agency (CRA) Notice of Assessment (include the Notice of Assessment for all income earners in the household)
- **OPTIONAL:** A letter from a third party (e.g., teacher, social worker, therapist) that knows the recipient, supporting the request
- **WHERE APPLICABLE:** A dated copy of a medical doctor's diagnosis of the recipient's disability, psychological issue, assessment, etc.
- **WHERE APPLICABLE:** Two estimates from the vendor(s)/service provider(s)/program provider(s) for the cost of the item(s) for which financial assistance is being requested
- **WHERE APPLICABLE:** Proof that the recipient has exhausted health insurance coverage or completion of the following certification:

*XXXX @& a * A@ A[cñ* confirm that the recipient has no health insurance to cover the cost of this item.

CONFIRMATION AND CONSENT

By checking this box, I confirm that everything I have submitted is correct and true, and I agree that if any information provided is found to be false, Ceridian Cares will pursue all rights and remedies available at law or in equity, and I shall pay and reimburse all grants provided and any legal fees Ceridian Cares incurs in pursuing such rights and remedies.

Initials _____

By checking this box, I agree that if I or the recipient receive or become eligible for funding of this need through another source, I have an obligation to notify Ceridian Cares and withdraw this application for grant and/or return any grant already awarded.

Initials _____

By checking this box, I confirm that I have obtained the consent of the recipient to provide Ceridian Cares the personal information within this submission (including but not limited to financial and medical supporting documentation).

Initials _____

By checking this box, I hereby authorize Ceridian Cares to collect, retain, and use the information provided in my capacity as an applicant or potential grant recipient for the purposes outlined herein and as further elaborated upon in the Ceridian Cares Privacy and Use of Information Notice.

Initials _____

RELEASE AND WAIVER

I hereby release and indemnify and save harmless Ceridian Cares and its subsidiaries, servants, agents, directors, officers, successors, assigns, employees and volunteers 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 whatsoever, at law or in equity, relating to this Application for Grant or any resulting funding, including without limitation 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 **Ceridian Cares**.

Ceridian Cares acts solely as a third party funder and as such has no role in prescribing, recommending equipment, selecting a vendor/contractor and in the relationship between the recipient and vendor.

Payment from Ceridian Cares is not an acknowledgement that the work or equipment was acceptable. The recipient assumes full responsibility for all risks inherent in accepting funding from **Ceridian Cares**.

By checking this box, I agree to the Release and Waiver as described above. Initials _____

Signature:

Date:

*Any queries related to the status of your application can be directed to info@ceridiancares.ca
Do not submit this Application for Grant form to the email address.
Application Forms will only be reviewed when submitted by mail or courier*