Canadian Thalidomide Survivors Support Program
Extraordinary Medical Assistance Fund Application

Dear Thalidomide Survivor:

Please find enclosed the application form to complete and submit to the Administrator to request funding from the Extraordinary Medical Assistance Fund ("EMAF").

Frequently asked questions about the EMAF and how to complete the form may be found below and on the FAQs page of the website at www.tsspcanada.ca.

What is the EMAF?

Under the Canadian Thalidomide Survivors Support Program ("CTSSP"), one million dollars (indexed at 2% per year) is set aside annually in the Extraordinary Medical Assistance Fund to help cover the unique health support costs of Canadian Thalidomide Survivors who require specialized surgeries, health support treatments and/or require changes to their home or vehicle to better accommodate their needs as Thalidomide Survivors.

What types of expenses are eligible under the EMAF?

The Administrator considers *any* request to the EMAF that is accompanied by receipts or quotations acquired within *one year* of the date that the EMAF application is submitted to the Administrator. Funding requests for expenses with receipts more than one year old may be considered on an exceptional basis.

Survivors may request funding from the EMAF even if the province or territory in which they reside has a similar program to assist with these expenses; however, Survivors cannot be paid from two different sources for the same expense.

Thalidomide-related expenses that could be covered by the EMAF include:

- dental reconstructive surgery
- redesigning a kitchen or bathroom with more accessible cabinetry and appliances
- adding ramps or an automatic lift to the interior or exterior of a property to facilitate better mobility
- automating curtains or faucets to help with mobility or dexterity concerns
- adapting a vehicle with steering wheel controls to permit independent operation
- ongoing health support treatments (e.g., some prescriptions, attendant care, massage, or physiotherapy). Only estimates or receipts from a licensed practitioner will be considered

For additional ideas of what could be covered by the EMAF, please contact the Administrator or visit the FAQs page on the website at www.tsspcanada.ca.

Generally, costs related to ordinary home or vehicle maintenance, or wear and tear are not covered by the EMAF. Examples of expenses that may not be covered are routine dental check ups, age-related need for reading glasses, and regular household repairs due to age and deterioration. Requests for funding for the same household modification (e.g., redoing your kitchen) may not be allowed within 5 years of the previous request unless there is an urgent need.

How may I request EMAF funding?

Thalidomide Survivors must complete the brief EMAF application form attached to this letter and submit the completed form along with any supporting documentation to the Administrator by email, mail or fax to:

Canadian Thalidomide Survivors Support Program
PO Box 507 STN B, Ottawa, ON, K1P 5P6
info@tsspcanada.ca; Fax: 1-866-262-0816

How many EMAF applications may I submit per year?

There is no limit as to how many applications you may submit as the Administrator has removed the yearly submission deadline date to make the process easier for you. Please submit a new application whenever you wish; however, the Administrator requests that you accumulate $500 worth of expenses before sending in your application unless it creates a financial hardship for you.

How much EMAF funding can I receive per year?

Your EMAF application will be considered in the fiscal year that the EMAF decision letter and payment are issued - prior to March 31st annually.

Any EMAF decisions and payments issued after March 31st are included in the new fiscal year cap. Survivors are encouraged to submit their EMAF application(s) before March 1st annually to ensure time for processing and payment before March 31st

To help everyone have equal access to the EMAF fund, the maximum amount of EMAF funding each Survivor may receive per fiscal year is capped at $40,000 (indexed at 2% per year). This fiscal year's cap is $45,947.43 CDN per Survivor.

All approved funding requests are also subject to the following financial means test:

Confirmed Survivor's Total Annual Income *	Percentage of Eligible Amount to be Received
$0-25,000	100% of eligible amount
$25,001-$45,000	90% of eligible amount
Over $45,000 or unidentified	80% of eligible amount

* Your ongoing support payment is not considered income for the purpose of the financial means test

Submission of quotations for home adaptations that contain high end finishes (e.g., granite countertops) may be subject to an individual cap for that expense. In other words, the Confirmed Survivor may not be fully reimbursed for the granite countertop, but instead may receive an amount equal to the cost to install a standard countertop of similar size and design. As there may be a justifiable need for a high-end finish, please include supporting documents (e.g. a report from a medical professional) citing the reasons for that specific installation.

Lastly, please note that if funding remains in the EMAF at the end of the fiscal year, the Administrator will issue top up payments to anyone whose funding in the same fiscal year was reduced due to the financial means test. Top up payments will be subject to the cap and may be pro-rated if necessary.

How will the Administrator review my EMAF Application?

EMAF applications will be reviewed in the order they are received unless extraordinary health claims (i.e., life dependent surgeries) are received. Payments for eligible items will be issued on a first come first served basis except for life dependent surgeries which will be given priority. If there is more need than available funds in a fiscal year, a Survivor's application will automatically be carried over to the following fiscal year and that Survivor's application will be prioritized in the next fiscal year.

Do I have to pay first and then apply to the EMAF?

You may choose to pay for an item first and then submit a request for EMAF funding or you may obtain quotations for the expense(s) and submit those for consideration instead.

When obtaining quotations, the quotations must be from a licensed professional (e.g., licensed contractor, automobile service garage, or professional medical facility etc.). The quotations should itemize in detail the work required and the associated cost of the same. If there is a requirement for a down payment/deposit before the work can be started that should also be indicated. Only expenses from qualified/licensed professionals will be considered.

If you are requesting funding of more than $10,000, please submit two detailed quotations for the expense from two different licensed professionals. If that is not possible, please let us know when you submit your application. *The Administrator may elect to obtain a second quotation for comparison purposes only*.

For more frequently asked questions and answers, please visit the Forms page at www.tsspcanada.ca or call the Administrator.

Canadian Thalidomide Survivors Support Program
EMAF Application

Privacy Statement:

The information requested in this Canadian Thalidomide Survivors Support Program Extraordinary Medical Assistance Fund ("EMAF") Application is being collected, used and retained by the Canadian Thalidomide Survivors Support Program Administrator ("Administrator") and its Agents for the purpose of operating and administering the Canadian Thalidomide Survivors Support Program Administration pursuant to the *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 ("PIPEDA"). The information will be provided to the Government of Canada in order to facilitate the administration of the Canadian Thalidomide Survivors Support Program. Personal information is protected under federal legislation, including PIPEDA and the *Privacy Act*, and personal information may be used or disclosed in accordance with applicable legislation. You have the right to request access to your personal information. To do so, call 1-877-507-7706 or 1-877-627-7027 (TTY).

Section 1: Thalidomide Survivor Contact Information	
Language Preference:	☐ English ☐ French
Communication Preference:	☐ Mail ☐ Email *
First Name:	
Middle Name(s):	
Last Name:	
Date of Birth (mm/dd/yyyy):	
Sex at Birth:	☐ Male ☐ Female
Gender Identity:	☐ Man ☐ Woman ☐ Other: _____ ☐ Prefer Not to Answer
Mailing Address:	
City/Town:	
Province/Territory/State/Country:	
Postal Code/Zip Code:	
Primary Telephone Number:	( ) –
Alternate Telephone Number:	( ) –
Email Address *:	

*If your communication preference is email, please add info@tsspcanada.ca to your email address book.

Section 2: Legally Appointed Personal Representative Information

(Leave this section blank if the Survivor does not have a Legally Appointed Personal Representative)

This section is to be completed **only** if you have been **legally** appointed to administer the Survivor's affairs. You MUST provide proof of your authority to act as the Personal Representative of the Thalidomide Survivor. Please complete all boxes in both Section 1 on the previous page for the Survivor and Section 2 below for yourself.

I have enclosed a **certified true** photocopy of one (1) of:	Please check (✓) the applicable box: ☐ Authority to Act ☐ Court Order ☐ Other: _____ ☐ Authority to Act was previously submitted to the Administrator and has not changed (If this box is checked, no need to resend Authority to Act).
First Name:	
Last Name:	
Mailing Address:	
City/Town:	
Province/Territory/State/Country:	
Postal Code/Zip Code:	
Primary Telephone Number:	( ) –
Alternate Telephone Number:	( ) –
Email Address:	
Relationship to Survivor	

Section 3: Person who helped complete this application

☐ **Same as Section 2 (If box is checked, no need to complete Section 3 boxes below)**

First Name:	
Last Name:	
Email Address or Phone Number:	
Relationship to Claimant:	

Section 4: Description of Expenses

My total annual income excluding Ongoing Support Payments is: $ _____

For the purpose of applying the financial means test:

- ☐ I have enclosed a copy of my most recent Notice of Assessment from the CRA
- ☐ I am not enclosing a copy of my most recent Notice of Assessment from the CRA and acknowledge that I will be assessed at the highest income level for the purpose of the finance means test

Please provide the details of your EMAF funding request in the table below.

You **must** provide two comparable estimates for expenses exceeding $10,000. Please contact the Administrator for help if needed.

Receipt/ Estimate Date	Description	Cost Including Tax	Receipt or Estimate Attached
10/20/2020	***Replace kitchen cabinets***	***$11,298.51***	***Yes***

* You may use additional paper if more space is needed. Please write your name on each additional page.

Section 4: Part 2 – Additional Information

In the space below, please briefly explain how the adaptation or service you are requesting will help you. A report from a health practitioner (e.g., doctor, massage therapist, occupational therapist etc.) to support the need for the requested adaptation or service is helpful.

Section 5: Photo Identification and Privacy

To protect your privacy and to help confirm your identity when receiving documents from you, proof of identification is required by **ALL** eligible Survivors whenever a new application form is submitted. Legally appointed Personal Representatives must provide identification for **both** the Survivor and the Personal Representative.

Please submit a photocopy of one (1) of the following government issued pieces of identification for proof of identity purposes. The identification **must include your date of birth**:

- Birth Certificate
- Baptismal Certificate
- Valid Provincial Driver's License
- Valid Provincial Photo ID Card (must include date of birth)
- Valid Canadian Passport

Section 6: Declaration and Signature

Section 6 must be completed by the Thalidomide Survivor or the Personal Representative with the legal authority to act on behalf of the Survivor. Please read the following declaration carefully before signing.

Declaration:

1. I have completed the Canadian Thalidomide Survivors Support Program Extraordinary Medical Assistance Fund ("EMAF") Application and I understand that the Administrator will be reviewing my application for completeness and may need to contact me to request additional information. I understand that the information provided in this application and the supporting documentation will be used to assess my request for funding under the EMAF.

2. **I also understand that by signing this Declaration I confirm that I have not received funding from any other provincial or territorial program or other organization in regard to the expenses being requested in this application and if I have, I have notified the Administrator.**

3. I understand that my claim may be selected at random to undergo a review of the work completed to help the Administrator better understand the specialized needs of Thalidomide Survivors and for quality assurance purposes.

4. I agree to the sharing of my personal information, including but not limited to my contact information, with the Administrator, the Government of Canada and necessary authorized third parties, only for the purpose of processing my request for assessment.

By signing below, I indicate my agreement to the contents of this Declaration.

Thalidomide Survivor/Personal Representative:

Print Name: _____

Signature: _____

Date: _____
(mm/dd/yyyy)

Section 6: Declaration and Signature continued…		
All Thalidomide Survivors or legally appointed Personal Representatives must sign or sign with a mark in Section 6 in the presence of a witness who may be a relative. The witness must complete the Witness information below and sign the Witness Declaration.		
Witness' First Name	Witness' Last Name	
City/Town	Province/Territory/State	Country
Relationship to Thalidomide Survivor/Personal Representative		

Witness Declaration: I have witnessed the signature or mark of the Thalidomide Survivor or legally appointed Personal Representative. Where the Thalidomide Survivor or legally appointed Personal Representative signed with a mark, I have read the content of this Canadian Thalidomide Survivors Support Program Extraordinary Medical Assistance Fund ("EMAF") Application to the Thalidomide Survivor and/or his/her Personal Representative, who signed with a mark, who understands and confirms the information.

Print Name: _____

Signature: _____

Date: _____
(mm/dd/yyyy)

Please make sure the following have been included with your completed application when returning it to the Administrator:

- ☐ Photocopies of receipts, estimates/quotations, medical notes/reports, and other documentation as applicable.
- ☐ Photocopy of your most recent Notice of Assessment from the CRA unless you have chosen not to submit it.
- ☐ Photocopy of valid government issued identification for the Confirmed Survivor.
- ☐ Photocopy of valid government issued identification for legally appointed Representative(s) (if applicable).
- ☐ Certified true copy of a Personal Representative's authority to act on behalf of the Confirmed Survivor (if applicable). If Authority to Act was previously submitted to the Administrator and has not changed there is no need to resend Authority to Act.
- ☐ Signed and dated Declaration for the Confirmed Survivor/Personal Representative in Section 6.
- ☐ Completed, signed and dated Witness section by Witness in Section 6.

Return completed application by mail, email or fax to:

Canadian Thalidomide Survivors Support Program
PO Box 507 STN B
Ottawa, ON, K1P 5P6
info@tsspcanada.ca; Fax: 1-866-262-0816