

EXTRAORDINARY MEDICAL ASSISTANCE FUND (EMAF)

A Comprehensive Guide for Application, Appeal and Expense Eligibility For Confirmed Survivors

Effective April 1st, 2026

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Introduction

This guide is intended for use by Confirmed Survivors who seek reimbursement or funding for extraordinary medical expenses from the Canadian Thalidomide Survivors Support Program (“CTSSP”) Extraordinary Medical Assistance Fund (“EMAF”).

The Administrator has carefully considered ongoing survivor feedback, including the December 2025 survey, and the CTSSP 5-Year Evaluation published in August 2025, to simplify access to supports while ensuring availability of funds for eligible specialized expenses such as surgeries and home or vehicle adaptations.

The purpose of the EMAF is to assist survivors with some additional expenses related to health needs, functional supports, and quality of life. The EMAF is not intended to fully cover these costs; it is complimentary to your Ongoing Support Payment and other resources.

Please note: Any reference to days in this document refers to calendar days unless otherwise specified. In the event a deadline falls on a Canadian holiday or a weekend, then the deadline will be the next business day.

Confirmed Survivors should consider return/refund policies and procedures, especially prior to purchasing custom-made products. This information is provided to support informed decision-making and does not limit the Administrator’s discretion when assessing individual EMAF applications.

The Forms referred to in this guide can be downloaded via the CTSSP website (<https://tsspcanada.ca/forms.html>) or requested from the Administrator by email, phone, or mail.

Frequently asked questions about the EMAF and information on how to complete the application form can be found on the FAQ page at <https://tsspcanada.ca/faq.html>. Alternatively, you may contact the Administrator by phone, mail, or email for assistance.

If you have reviewed the list of eligible expenses included in this Guide and you are unsure whether the item or service for which you wish to receive funding is eligible, the Administrator encourages you to submit an EMAF application. Applications that align with the intent and scope of the EMAF, but are not listed, may be considered on a case-by-case basis.

Do you have questions or need assistance completing your EMAF Application? The Administrator is here to help. Please contact the Administrator by phone, mail, or email for assistance. Information about the EMAF is also available on the website at <https://tsspcanada.ca/faq-confirmed.html#extrablock>.

Formal decisions on EMAF applications are sent to the Confirmed Survivor in writing.

Extraordinary Medical Assistance Fund (EMAF)

How the EMAF Works:

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 (EMAF). The EMAF is a shared fund intended to provide some additional assistance to Survivors in a fair, accessible and sustainable manner. The EMAF is replenished annually on April 1st.

There are 2 portions to the EMAF:

- 1) Automatic EMAF Annual Lump Sum Payment
- 2) EMAF Reserve

1) Automatic EMAF Annual Lump Sum Payment ^{Updated}

The purpose of the Automatic EMAF Annual Lump Sum Payment is to assist survivors with some health-related costs, such as personal care supports, rehabilitation and health services, and assistive devices. Items or services purchased with the Automatic EMAF Annual Lump Sum can be purchased without the need to submit an EMAF application or provide an explanation to the Administrator.

The Automatic EMAF Annual Lump Sum Payment is a portion of the fund that is shared equally among all Confirmed Survivors. It is automatically disbursed to all living CTSSP Confirmed Survivors in the month of April each year. The exact amount of the Automatic EMAF Annual Lump Sum Payment will be confirmed after the start of the new fiscal year, based on the number of Confirmed Survivors.

Please note that the Automatic EMAF Annual Lump Sum is not paid retroactively. Newly Confirmed Survivors (after April 1st) will receive their Automatic EMAF Annual Lump Sum payment the following fiscal year upon being recognized into the CTSSP.

2) EMAF Reserve

The purpose of this portion of the EMAF is to assist with eligible costs related to specialized treatments and adaptations not otherwise covered by provincial/territorial health care plans, such as surgeries, and home or vehicle adaptations to primary residence or primary vehicle. To access funding from the Reserve, an EMAF application is required.

An annual cap per Survivor is in place to ensure fair access to the fund. Not every survivor will reach their cap in a given year as this would exceed the total amount available in the fund. For requests made through the EMAF Reserve, each Survivor can request reimbursements for eligible expenses, up to their individual annual cap when needed, as long as funds remain available. The cap is subject to change based on the number of Survivors.

Any unused funds at the end of the fiscal year from the EMAF Reserve will be distributed equally among confirmed survivors. This does not apply to newly confirmed survivors the fiscal year of their admission.

When an EMAF application (request) is submitted, the Administrator assesses the following:

- whether it is related to the Survivor’s known birth differences, secondary conditions, and functional differences; and
- whether the application is related to an eligible expense outlined in this Guide.

As the Administrator of the CTSSP, it is our responsibility to reimburse products and services obtained from businesses that meet the documentation and invoice requirements outlined in this Guide only. Purchasing goods and services from a business provides Confirmed Survivors with recourse against the business in the event that the goods or services are inadequate or not delivered as contracted. As such, a receipt from an established company is required for each product and/or service for which reimbursement or funding is being requested.

Confirmed Survivors are encouraged to interview potential contractors, test adaptive equipment prior to purchasing, etc. The contractor should be able to discuss their experience with accessibility improvements and/or have completed relevant training. Asking if a business carries workers’ compensation coverage, adequate liability insurance and offers a warranty on their products and workmanship is also recommended.

Health supports and/or treatments are covered only where they relate to thalidomide birth differences or secondary conditions arising out of those birth differences. Health supports and/or treatments unrelated to thalidomide birth differences, or injuries arising from work, car accidents or other types of accidents are unrelated and therefore, not provided for under the EMAF.

The list of items and services included in this document is meant as a general guide and is not all inclusive.

Please refer to the [“List of Potentially Eligible Expenses”](#) below for more information.

Financial Means Test

The Administrator is required to apply a financial means test calculation to determine eligible application amounts for applications to the EMAF Reserve as follows:

<i>Total Annual Income</i>	<i>Percentage of Eligible Amount for Reimbursement</i>
\$0 to \$25,000	100%
\$25,000 to \$45,000	90%
Over \$45,000 or unidentified	80%

A copy of your Notice of Assessment or tax return should be submitted with your application unless you have already submitted your most current copy with your Annual Forms Package. If you choose not to provide this Notice, you will automatically be assessed at 80% of the eligible amount of the approved expense.

Deadline For EMAF Reserve Application Submission

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 over one year old may be considered on an exceptional basis only.

Limits On Recovery For Eligible Expenses

Confirmed Survivors cannot be paid from two different sources for the same expense. If you have received full or partial funding from a provincial or territorial program for the same expense, please submit documents showing the amount received. Confirmed Survivors may be reimbursed for the uncovered balance of the expense only, subject to eligibility and availability of funding.

For home adaptations consisting of high-end materials or items, Confirmed Survivors may not be reimbursed for the full amount but may receive an amount equal to the cost of standard equipment/material of similar size, quality, and design. For example, the cost of a high-end appliance or a non-essential or premium upgrade to an item may not be fully reimbursed. However, if there is a justifiable need for high-end materials or upgrade in any adaptation, please include supporting documentation (e.g., a report from a medical professional) citing the reasons for that specific installation.

Expenses Not Eligible Under EMAF Reserve

The following are some examples of expenses that fall beyond the scope of the EMAF Reserve and are not eligible; home, vehicle, or medical device maintenance due to regular wear and tear, repairs or certain renovations and/or modifications, food, clothing, utilities etc. These expenses are incurred by the general public and are considered common expenses that can be covered by the annual Ongoing Support Payments and are not payable under the EMAF Program. Please refer to the [“List of Potentially Eligible Expenses”](#) in this document for more information.

All reimbursements are assessed on a case-by-case basis. While some eligible expenses are subject to frequency limits, the Administrator may consider exceptions based on fund availability and individual circumstances.

Requirements For Receipts and Quotes

Any down payment required should be noted on the quote and/or receipt. If funding is requested for more than \$10,000, quotes must be provided from two different businesses/professionals. If this is not possible, please let us know when your EMAF application is submitted. The Administrator may elect to obtain a second quotation for fair and reasonable comparison purposes only.

For each item and/or service funding is being requested, the following information must be included on the receipt or quote from an established business or licensed professional:

Business name/logo

Contact Information

Business GST/HST number

Business license number

Website address

Name of Recipient who will receive/received the item(s) or services(s)

Date of sale for each item purchased or service rendered

Itemized list of items(s) or service(s) purchased, including descriptions and pricing for each

Audit of EMAF Applications

Because the EMAF is a shared fund, quality assurance is used to support fair and consistent decision-making. Quality assurance is a routine administrative practice. It is not intended to question a Confirmed Survivor's needs, experiences, or integrity, but to confirm that approved funding was used as described and that the same approach is applied for everyone.

Up to 10% of EMAF applications for which payment has been issued may be randomly selected for quality assurance review.

How Quality Assurance Is Done

Quality assurance is completed using non-intrusive, documentation-based methods and does not involve unannounced visits or in-home inspections.

For home or vehicle adaptations, quality assurance may include:

- Review of invoices, receipts, or completion documents
- Photos or short videos of the completed work, if appropriate
- Confirmation with the contractor or service provider

For medical surgeries or procedures, quality assurance may involve:

- Contacting the healthcare provider directly or reviewing provider documentation.

When an EMAF request is selected for quality assurance, the Administrator will clearly explain what information is needed and will work with the Confirmed Survivor to gather it in the least burdensome way possible. Support is available if assistance is needed.

Step 1 – Application Process

Submitting an Application

If you wish to submit an EMAF application, please ask the Administrator to send you an application form or you may download an EMAF application form from the Forms page at <https://tsspcanada.ca/forms.html>.

Confirmed Survivors must complete the brief EMAF application form 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

When completing your application, please briefly explain how the adaptation or service you are requesting will help you and how it relates to your thalidomide birth differences. In addition to this brief explanation, a report from a health practitioner (e.g., doctor, massage therapist, occupational therapist etc.) to support the need for the requested adaptation or service including how it relates to your thalidomide birth differences is also helpful. This is especially important if there have been recent changes to your health that the Administrator may not have on file. All information provided will be taken into consideration by the Administrator when assessing an EMAF application. You will not be reimbursed for the cost of obtaining any supporting documentation, including medical reports not requested by the Administrator.

Application forms must be signed by the Confirmed Survivor or her/his legally appointed personal representative along with all supporting documentation required, prior to submitting.

EMAF applications are included in the fiscal year in which the EMAF decision letter and payment are issued. Any EMAF decisions and payments issued after March 31 are included in the new fiscal year cap. Survivors are encouraged to submit EMAF applications before March 1 annually to allow sufficient time for processing and payment prior to March 31.

If the need exceeds the available funds in a given fiscal year, applications which are deemed to be of a critical nature will be given priority over other types of requests. For example, life dependent surgeries, urgent treatment or a catastrophic life event impacting

safety/health. The maximum number of times an EMAF Application will be carried over is one fiscal year. In the event that the need for this carry over should occur, all other eligible applications will be paid as soon as possible in the following fiscal 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.

The Administrator will acknowledge receipt of your application by issuing an acknowledgment letter within two (2) business days by email or mail depending on the method of submission.

EMAF Applications will undergo an initial review for completeness by the Administrator in the order received within five (5) business days. Any critical applications, such as life dependent surgeries, will be given priority in processing.

Should the Administrator determine that the application is deficient, the Administrator will notify you by mail or email to explain the deficiency and request the missing information. The Administrator will follow up as needed if no response is received. Your application will be placed on hold for thirty (30) days from the date of the deficiency letter.

If the requested information is not received within thirty (30) days from the date of the deficiency letter, the decision will be made with the information on file.

Should you have any questions about your application or require verbal assistance for completing your form please call the Contact Centre at 1-877-507-7706.

You may also choose to have a family member, friend, healthcare provider or contractor complete the form. The Administrator will reimburse reasonable costs incurred to have a licensed professional complete the form. Please submit the receipt for this cost with your application.

Application Review and Decision

Once the Administrator determines the application is complete, all information will be carefully reviewed regarding how the requested adaptation, item or service will provide clear health benefits in relation to an individual's unique thalidomide birth differences and secondary conditions.

The application will then be reviewed on a case-by-case basis by a Quality Assessor to ensure that applications align with the intent and scope of the EMAF Comprehensive Guide.

A decision letter will be issued within thirty (30) days of receipt of the application unless the application is deficient, and additional information has been requested. The decision letter will be provided to the Confirmed Survivor by mail, email, or both.

The decision letter can approve the application in full; partially approve the application or deny the application in full.

If the application is approved for payment, the Administrator will await the Confirmed Survivor's agreement before processing for payment to ensure that the Survivor does not intend to appeal any part of the decision.

If the Confirmed Survivor disagrees with the Administrator's decision either in whole or in part, the Confirmed Survivor is entitled to proceed with an appeal. The appeal process is described in Step 2.

Payment for Eligible Expenses

For approved expenses for which the Confirmed Survivor seeks reimbursement and has provided proof of payment, the Administrator will issue payment to the Confirmed Survivor by direct deposit or by cheque, depending on the Confirmed Survivor's preferred method of payment.

For approved expenses for which the Confirmed Survivor seeks funding, payment can be issued by cheque, co-payable to the Confirmed Survivor and vendor (licensed business or professional). Alternatively, the Administrator can pay the vendor directly, upon receipt of an invoice from the vendor.

Step 2 – Appeal Process (if applicable)

If you wish to submit an EMAF appeal, please ask the Administrator to send you an application form or you may download an EMAF appeal application from the Forms page at <https://tsspcanada.ca/forms.html>.

Should you have any questions about your application or require assistance for completing your form please call the Contact Centre at 1-877-507-7706.

You may also choose to have a family member, friend, healthcare provider or contractor complete the form. The Administrator will reimburse reasonable costs incurred to have a licensed professional complete the form. Please submit the receipt for this cost with your application.

The completed appeal form along with any supporting documentation must be submitted 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

One appeal is allowed for each EMAF Application submitted. The appeal is to be in writing only. The Reasons for Appeal should be fully explained in detail on the appeal form.

Confirmed Survivors have forty-five (45) days from the date of the Decision Letter regarding a request for EMAF funding to submit an appeal form and any supporting documentation not previously provided. You will not be reimbursed for the cost of

obtaining any supporting documentation, including medical reports not requested by the Administrator.

Only the Confirmed Survivor or his/her legally authorized personal representative may submit an appeal on behalf of the Survivor.

You will receive an Acknowledgement letter by mail or email, to confirm your appeal form is received. If there are any questions about your Appeal form, the Administrator will contact you by telephone, email, and/or mail.

The appeal form will be reviewed by the Administrator for completeness.

When the Administrator confirms the appeal application is complete, an appeal brief will be prepared and forwarded to the Appeal Assessor.

Your appeal will be reviewed by an independent Appeal Assessor at Epiq Class Action Services. During the review process, the Appeal Assessor may request additional information from the Confirmed Survivor via the Administrator.

Additional Time to Submit Supporting Documentation

If additional time to submit supporting documentation is needed (e.g., to gather medical reports), you should submit your appeal form within forty-five (45) days of the decision letter and advise the Administrator that supporting documentation will follow.

Documents must be received by the Administrator within thirty (30) days of the appeal submission, otherwise your application will be placed on hold until all supporting documentation that you have advised will be provided is received. Where possible, provide a time estimate for the delivery of supporting documentation.

Incomplete information may lead to your appeal being decided with the information on file. It is in your best interest to complete the appeal form fully and provide any and all information in support, including medical reports.

Any documentation submitted after the Appeal Assessor has issued a decision will not be considered.

Appeal Decision

Within thirty-five (35) days of receipt of your fully completed appeal form and supporting documentation by the Administrator, your appeal will be assessed.

Once the Appeal Assessor has provided the decision to the Administrator, an EMAF Appeal Decision Letter and an Appeal Assessor Decision will be sent to the Confirmed Survivor.

You will receive the decision letter by email, mail, or both. **The Appeal Assessor's decision is final. There will be no further right of appeal.**

If the Appeal Assessor has approved your appeal, either in whole or in part, the Administrator will issue payment(s) within thirty (30) days from the date of the appeal decision letter.

List of Potentially Eligible Expenses

Home (including but not limited to):

Adaptations, items or services which improve accessibility, safety and independent living for primary residence only.

For clarity, individual fixtures or components (e.g., faucets, drawers, controls) are eligible only where they are permanently installed and form part of a broader home adaptation, rather than being standalone or convenience upgrades.

Note:

Unless otherwise stated, the following expenses are limited to one (1) every five (5) years. All requests are assessed on a case-by-case basis. Exceptions may apply based on fund availability and individual circumstances.

Bathroom: automated or raised toilet/bidet, automated towel dispensers, therapeutic bath/thermostat relocation or automation, tilting bath lever

Bed: adjustable bed, bed lever

Closet: Permanently installed or custom-built modifications to closet structures (e.g., reconfigured shelving, integrated pull-down systems, motorized hanging rods, or built-in storage components) that address accessibility or functional limitations

Doors: automated exterior or interior doors

Drawers: Custom-built or permanently modified drawer systems installed as part of a broader home adaptation (e.g., integrated pull-out, motorized, or reconfigured storage), where the modification addresses accessibility or functional limitations.

Dryers: automated hand or hair dryers (*as part of a home adaptation*)

Electrical: electrical outlet installation for primary vehicle block heaters (charging stations for electric vehicles not included), home lighting automation

Faucets: Permanently installed automated faucet systems integrated into a broader bathroom or kitchen adaptation, where the automation is required to address dexterity or functional limitations

Flooring: slip resistant, seamless, adapted to wheelchair use

Furniture: Structural modifications to built-in or fixed furniture components that are permanently integrated into the home (e.g., built-in seating, work surfaces, or storage units), where the modification is required to address accessibility or functional limitations.

Home technology:

Permanently installed or integrated assistive technologies that support activities of daily living (e.g., environmental control systems, integrated voice-activated controls, communication or accessibility software, or other assistive systems), where the technology exceeds \$1,000 per item and is not a consumer convenience device.

Kitchen: adaptations to countertops, cabinetry, or specialized appliances

Laundry Room: adaptations to countertops, cabinetry, or specialized/smart appliances

Lifts: chair lift, elevators, porch lift, mechanical lift, stair lift

Ramps: interior or exterior

Windows: motorized/automated window treatments or window replacement to address an adaptive need

Vehicle

Applicable to primary vehicle only and must be unrelated to general maintenance or wear and tear repairs.

Note:

The following expenses are limited to one (1) every five (5) years. All requests are assessed on a case-by-case basis. Exceptions may apply based on fund availability and individual circumstances.

Automobile: adaptations, items or services which improve accessibility, safety and independent living

Lifts: wheelchair or scooter hoists

Steering: foot or hand operated steering controls

Medical Devices, Procedures, and Supports

(including but not limited to):

Medical devices, procedures, and related supports that are not otherwise covered by provincial, territorial, or private health plans, and that relate to thalidomide associated birth differences or secondary conditions.

This category is intended to support non-routine and non-recurring medical needs, including individual items or services that generally exceed \$1,000 per item, and that are not part of ongoing daily care or maintenance.

For clarity: Medical devices that involve one-time or infrequent equipment purchases (e.g., wheelchairs, scooters, adaptive cycles) may be eligible even if used daily, provided the device is not a recurring service and is required due to thalidomide related functional limitations.

Unless otherwise stated, equipment-related expenses are limited to one (1) every five (5) years. All requests are assessed on a case-by-case basis. Exceptions may apply based on fund availability and individual circumstances.

Ambulance transport: Emergency or non-routine ambulance services required in connection with an acute thalidomide-related medical event or procedure, and not as part of ongoing, scheduled, or unrelated care.

Attendant Care: Time limited attendant care services required in connection with a non-routine, thalidomide related medical event or recovery period, and not as part of ongoing or long term daily care as per requirements defined under [“Attendant Care/Home Care”](#)

Bicycle/Tricycle: A customized or medically adapted cycling device required to address mobility or therapeutic needs related to thalidomide associated conditions, and not a recreational or fitness bicycle.

Dental Procedures: extraction, surgery, implants, tooth repair, reconstruction, restorative (bridge, veneers), prosthetics

Dental Treatment: endodontist, orthodontist

Devices: medical devices such as electrical muscle/bone stimulators, vascular therapy device

Diagnostic Imaging: radiological services provided in private Canadian diagnostic facilities for example: MRI, CT, X-ray, which is not covered by provincial, territorial, or private health plans and/or due to the prescriber or facility being out-of-network

Hearing devices & services: products for hearing impairments such as alerting devices, amplifiers, listening devices, hearing aids, specialized headphones, or related assistive equipment.

Illness recovery: equipment for short term use after an illness or surgery depending on equipment needed and its application. Only items which are not covered by provincial, territorial, or private health plans are eligible.

Oxygen Therapy: Oxygen therapy equipment or services required in connection with an acute, time limited medical situation related to thalidomide associated birth differences or secondary conditions, including initial provision, short-term use, or temporary support during recovery from a non-routine medical event or procedure.

Oxygen therapy required on an ongoing or continuous basis as part of routine daily care or chronic condition management is not considered an extraordinary medical expense under the EMAF Reserve.

Prosthetics: devices, appliances, artificial limbs

Scooter: A medically required adaptive mobility device used to support independent mobility where walking or manual wheelchair use is limited due to thalidomide associated birth differences or secondary conditions.

Service Animals: must be accompanied by a health practitioner's report (initial costs only)

Surgery: must be thalidomide related procedures (includes related appointments and supplies)

***Travel:** medical travel expenses such as meals, accommodation, flight/bus/train fare, licensed attendant care required to attend appointments/procedures related to thalidomide birth differences or secondary conditions. *Reimbursement calculated per most current Canada Revenue Agency per-diem rates*

Uninsured Services: examinations, laboratory tests or other procedures related to uninsured services

Ventilator: A ventilator or related equipment required in connection with an acute or transitional medical situation related to thalidomide associated birth differences or secondary conditions, including initial set-up, short-term use, or equipment required during recovery from a non-routine medical event or procedure.

Ongoing or long-term ventilator use that forms part of baseline daily care or chronic management is not considered an extraordinary medical expense under the EMAF Reserve.

Wheelchair: adaptive, electric, foldable, all terrain, geriatric, back-up, or stand-up style wheelchairs

Definitions

Adaptation – a change or modification to an item or space to suit or assist with birth differences, secondary conditions or new conditions arising from Thalidomide-related birth differences.

Annual Funding Cap - the maximum amount of EMAF funding each Confirmed Survivor may receive per fiscal year to ensure that all Confirmed Survivors have equal access to the EMAF. Not every survivor will reach their cap in a given year as this would exceed the total amount available in the fund.

Appeal - the mechanism available to Confirmed Survivors that allows them to seek reconsideration of the Administrator’s decision denying their EMAF application in full or in part.

Appeal Assessor – the individual who determines whether a Confirmed Survivor’s appeal of the Administrator’s denial (in full or in part) of an EMAF application will be granted or denied.

Appeal Decision Letter – the written, final decision of the Appeal Assessor regarding a Confirmed Survivor’s appeal of the denial (in full or in part) of an EMAF application.

Application – the EMAF form sent to the Administrator seeking reimbursement or funding for an extraordinary medical expense.

Application Deadline – all EMAF applications must be submitted within one year of the date of the earliest expense. For example, an application for reimbursement of an expense dated July 12, 2023, must be submitted to the Administrator by July 12, 2024.

Assistive Technologies – adaptive or rehabilitative devices to help with the performance of activities of daily living.

Attendant Care/Home Care – Time limited attendant care services required in connection with a non-routine, thalidomide related medical event or recovery period, and not as part of ongoing or long term daily care where recommended by a licensed practitioner. The individual(s) must either have a business license or work for a licensed business to provide these services.

Authority to Act – a document, such as a Power of Attorney or Court Order which provides proof of an individual’s legal authority to function as the legally authorized representative of a Confirmed Survivor.

Automatic EMAF Annual Lump Sum Payment – Refers to the portion of the fund which is disbursed automatically to all Confirmed Survivors without an application.

Business – an established business with an assigned “Business Number”.

Business Number – a number provided to any business by the Canada Revenue Service regardless of the type of proprietorship, level of revenue or requirement to collect taxes.

Confirmed Survivor – an individual who has been identified as a Thalidomide Survivor under the Canadian Thalidomide Survivors Support Program (“CTSSP”), the 1991 Extraordinary Assistance Plan (“EAP”) and/or the Thalidomide Survivors Contribution Program (“TSCP”).

Comprehensive Guide – the fundamental processes of the EMAF which serve as the foundation for decision-making in the assessment of EMAF applications.

Co-Payable - A payment, provided by the Administrator for an eligible adaptation, item or service, which is made payable to both the Confirmed Survivor and the vendor/service provider.

Decision Letter – the formal, written letter from the Administrator which explains whether an application for expenses is eligible or ineligible for reimbursement under the EMAF.

Deficiency Letter – A letter from the Administrator identifying what information is missing or needed from the Confirmed Survivor to enable the completion of an EMAF Application review.

Eligible Expense – an adaptation, surgery, medical device, or medical support the Administrator considers to be an extraordinary expense within the intent and scope of the EMAF as defined in this Guide.

File –represents all of the applications and supporting documents submitted by the Confirmed Survivor since their application to the TCSP and/or CTSSP which are with the Administrator at the point in time an EMAF application review and determination is undertaken.

Financial Means Test – is a method of determining the level/percentage of funding an EMAF application will be paid/reimbursed at, based on a survivor's total annual income. The financial means test is a requirement of the EMAF.

Fiscal Year – covers the period from April 1st of one calendar year to March 31st of the following year. For example, April 1, 2023, to March 31st, 2024.

Index – a yearly adjustment that increases the total EMAF by 2% annually to ensure that the overall fund grows each year.

Legally Authorized Personal Representative – an individual who has authority to act on behalf of a Confirmed Survivor. A legally authorized personal representative can submit an EMAF application or appeal for the Confirmed Survivor.

Licensed Medical Practitioner or Health Professional – a qualified individual who is licensed to treat or provide medical services (e.g., physicians, physiotherapists, osteopaths, chiropractors, massage therapists, dentists, etc.).

Primary Residence – the residence listed as your legal address, such as on your driver’s license, tax returns, etc.

Primary Vehicle – a primary vehicle is the vehicle most often used by the Confirmed Survivor and is the main mode of transportation.

Proof of Identification – a document which includes the first and last name, the date of birth and photograph of a Confirmed Survivor, such as a valid provincial driver's license, valid provincial photo identification or valid Canadian passport. Proof of identification must be submitted with the annual forms package.

Proof of Payment – evidence that a payment has been made, often in the form of a receipt, transaction record, bank statement, or digital payment confirmation.

Qualified / Licensed Professional – a person who has the education, training, licensure, certification, and experience to provide services, such as those for home or vehicle adaptations. Invoices, quotes, receipts, and proof of payment must be from qualified licenced professionals for these items and services.

Quote/Quotation – a document from a licensed business or professional showing the details and estimated price of a product or service.

Receipt – a document provided by a seller to a buyer to acknowledge the payment received for goods and services, including the items purchased and their costs. A receipt may act as a proof of payment.

Program Contact Information:

CANADIAN THALIDOMIDE SURVIVORS SUPPORT PROGRAM

PO Box 507 Stn B

Ottawa, ON

K1P 5P6

Email: info@tsspcanada.ca

Phone: 1-877-507-7706

TTY: 1-877-627-7027

FAX: 1-866-262-0816