

Jackson Mooney Dystonia Patient Grant Application Form

Section A: Applicant Information				
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	Date of Birth (mm/dd/yyyy):
First Name:		Initial(s):	Last Name:	
Street No.:	Street Name:		Apt No.:	
City:		Province:	Postal Code:	
Telephone:		E-mail:		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married/Common-Law/Life Partner		
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	

Please note: Proof of Income Documentation is required for the Applicant and the Applicant's spouse/common law or life partner. Acceptable Proof of Income includes one of the following documents from the 2016 tax year:

Section B: Financial Eligibility

- Notice of Assessment – for Applicant and Applicant's spouse (if applicable);
- T1 General Electronic or Manual Form – for Applicant and Applicant's spouse (if applicable);
- T1 Tax Return Summary – for Applicant and Applicant's spouse (if applicable) ODSP or Ontario Works stubs from the past three (3) months;
- Goods and Services Tax/Harmonized Sales Tax Credit Notice.

Note:

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

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Section C: Information on Dystonia Diagnosis

Please check all that apply to you.

Contact information of Physician treating Applicant's Dystonia*:

First Name:	Initial(s):	Last Name:
Medical Practice Name.:	Street Address:	
City:	Province:	Postal Code:
Telephone:	E-mail:	

*Please include Letter of Assessment from the physician treating Applicant's dystonia.

Please provide details on the Applicant's dystonia as formally diagnosed by a Doctor:

<input type="checkbox"/> Blepharospasm	<input type="checkbox"/> Hand Dystonia	<input type="checkbox"/> Early-Onset Generalized Dystonia Non-DYT1
<input type="checkbox"/> Cervical Dystonia	<input type="checkbox"/> Lower Limb Dystonia	<input type="checkbox"/> DOPA-Responsive Dystonia
<input type="checkbox"/> Oromandibular Dystonia	<input type="checkbox"/> Musicians Dystonia	<input type="checkbox"/> Myoclonus Dystonia
<input type="checkbox"/> Spasmodic Dysphonia	<input type="checkbox"/> Early-Onset Generalized Dystonia DYT1	<input type="checkbox"/> Paroxysmal Dystonia
<input type="checkbox"/> X-Linked Dystonia-Parkinsonism	<input type="checkbox"/> Rapid-onset Dystonia-Parkinsonism	<input type="checkbox"/> Trauma Induced Dystonia
<input type="checkbox"/> Drug Induced Dystonia	<input type="checkbox"/> Neurological and Metabolic Disorder with dystonia as a symptom	<input type="checkbox"/> Psychogenic Dystonia

Date of onset (if known): _____

Other (please specify): _____

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Section D: Funding Sources

Please provide details on alternative funding sources the applicant has applied to for funding assistance.

Funding Source:	Date of Application (mm/dd/yyyy):	Comments/Details	Amount Funded:
			\$
			\$
			\$

Section E: Additional Information: As the only charity in Canada dedicated to supporting individuals with dystonia, we are always looking for information that will allow us to better customize our programs.

Are you currently undergoing treatment for dystonia?	<input type="radio"/> Yes <input type="radio"/> No
If so, can you provide details on the treatment methods that you are currently using:	
Do you currently have private health insurance?	<input type="radio"/> Yes <input type="radio"/> No
Would you like to learn about additional therapies or tools that may help alleviate some of your symptoms?	<input type="radio"/> Yes <input type="radio"/> No
Are you currently attending a local DMRF Canada Community Support Group?	<input type="radio"/> Yes <input type="radio"/> No

Section F: DMRF Canada Privacy Statement

DMRF Canada is committed to protecting the privacy of the personal information of its constituents (employees, donors, patients and other stakeholders). DMRF Canada has taken the necessary actions to ensure that information in any format (paper or electronic) is protected so that the relationship of trust between the constituent and the Foundation is upheld. DMRF Canada recognizes, and adheres to, the Corporate Privacy Policy.

The DMRF Canada Privacy Policy serves to outline the rules for the collection, use, disclosure and retention of personal information. The Policy is based on ten (10) internationally recognized privacy principles.

1. Accountability for Personal Information.
2. Identifying Purposes for the Collection of Personal Information.
3. Obtaining Consent for the Collection, Use or Disclosure of Personal Information.
4. Limiting Collection of Personal Information.
5. Limiting Use, Disclosure, and Retention of Personal Information.
6. Ensuring Accuracy of Personal Information.
7. Ensuring Safeguards for Personal Information.
8. Openness Concerning Policies and Practices.
9. Access to Personal Information.
10. Challenging Compliance.

1. Accountability for Personal Information.

The DMRF Canada is accountable for overall compliance with its Privacy Policy and acts which is overseen by the Fund Development Manager, Trisha Mondal. Trisha can be reached at 416-488-6974, or trishamondal@dystoniacanada.org.

2. Identifying Purposes for the Collection of Personal Information.

When the Foundation collects personal information directly from its constituents, the Foundation will identify the purposes for which personal information is collected at or before the time of collection.

3. Obtaining Consent for the Collection, Use or Disclosure of Personal Information.

The knowledge and consent of a person is required for the direct collection, use or disclosure of personal information except where mandated by law.

4. Limiting Collection of Personal Information.

DMRF Canada will limit the collection of personal information to that which is necessary for the purposes identified. Information will be collected by fair and lawful means.

5. Limiting Use, Disclosure, and Retention of Personal Information.

Personal information will not be used or disclosed for purposes other than those for which it was collected, except with the consent of the person or as required by law. Personal information will be retained only as long as necessary for the fulfillment of those purposes. DMRF Canada does not trade, rent or sell any personal information to third parties. DMRF Canada's web page contains online forms

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that allow visitors to make a donation. The personal and credit card information provided on these forms is used only to process these donations. Online donations to DMRF Canada are processed through a third party.

6. Ensuring Accuracy of Personal Information.

DMRF Canada ensures personal information is accurate, complete and as up-to-date as necessary for the purposes for which it is to be used. To change or modify any personal information previously provided to DMRF Canada, write to the Fund Development Manager at: Trisha Mondal, Dystonia Medical Research Foundation Canada, 121 Richmond St W. Suite 305, Toronto, ON M5h 2k1 or send an email to trishamondal@dystoniacanada.org.

7. Ensuring Safeguards for Personal Information.

Personal information is protected with security safeguards appropriate to the sensitivity of the information.

8. Openness Concerning Policies and Practices.

A print version of the DMRF Canada's Privacy Policy can be requested from the Fund Development Manager Trisha Mondal, 416-488-6974, or by email at trishamondal@dystoniacanada.org.

9. Access to Personal Information.

Upon request, a person will be informed of the existence, use, and disclosure of personal information of the person and shall be given access to that information. A person can challenge the accuracy and completeness of the information and have it amended as appropriate.

10. Challenging Compliance.

A challenge concerning compliance with the above principles should be made to the Fund Development Manager Trisha Mondal, 416-488-6974, or by email at trishamondal@dystoniacanada.org.

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Section G: Dystonia Medical Research Foundation Canada Release of Information

DMRF Canada is pleased to support the dystonia community in Canada. From time to time we are interested in receiving your feedback and would like to send you information to help us better serve you. In the future, we may wish to contact you for one or more of the reasons listed below:

- To participate in surveys that will allow a patient/supporter to provide more information about the patient experience in Canada;
- To advise a patient/supporter of new information or services that may be of interest to he or she;
- To provide information regarding volunteer opportunities;
- To provide information regarding about upcoming events, educational sessions, and community support meetings;
- To provide an opportunity to donate through direct mail campaign.

Please provide details on whether or not you would like to hear from DMRF Canada in the future:

- Yes, please contact me for these opportunities in the future;
- Please do not contact me in the future.

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Section H: Applicant Authorization

I hereby declare that the information I have provided in this application is accurate and without omission, and I authorize Dystonia Medical Research Foundation Canada to obtain this personal information to review my application and to verify the information that I have declared in this application. I also declare that I have read and agreed to the Dystonia Medical Research Foundation Canada Privacy Statement and Release of Information statements contained in this document.

Name of Applicant (Please Print):

Signature of Applicant

Date

Please submit your completed *Dystonia Medical Research Foundation (DMRF) Canada Jackson Mooney Dystonia Patient Grant* form and required documents to the DMRF Canada Office through mail, fax, or email.

Contact Information

Telephone: 1-800-361-8061
 Website: www.dystoniacanada.org
 Email: info@dystoniacanada.org

Submit your completed application package
 by email to Stefanie Ince, Executive Director
Stefanieince@dystoniacanada.org

Or by mail at:
 Attention: Stefanie Ince
 DMRF Canada
 121 Richmond St. W Suite 305
 Toronto, ON, M5H 2K1
 Or Fax to: 416-488-5878
 Re: *Jackson Mooney Dystonia Patient Grant*