

Contestant Information								
□ Mr. □ Mrs. □ Miss □ Ms. □ Dr. Date of Birth (mm/dd/yyyy):								
First Name:		Initial(s):	Last Name:					
Street No.:	Street No.: Street Name:					Apt No.:		
City:			Provi	Province: Postal		Dode:		
Telephone:		E-Mail:						
Designated Contact Person The designated contact person is responsible for all direct contact with MODC, including written, verbal, and electronic communication regarding this request.								
□ Mr. □ Mrs. □ Miss □ Ms. □ Dr.			Relat	Relationship to Contestant:				
First Name:			Last	Last Name:				
Street No.: Street Name:			,	Apt No				
City:			Province:		Postal Code:			
Telephone: E-mail*: *All communica		ication via e	tion via email will protect the contestant's personal information.					
Eligibility Criteria To qualify for the coassistive technology					_	•		
I am in financial need. My after-tax household income does not exceed \$45,000.					□ Yes □ N	lo		
I am of age. I fall within the age of majority for the province that I live in.						☐ Yes ☐ N	lo	
I am a Canadian resident.						□ Yes □ N	٧o	
I am in agreement that my photo and story may be used by March of Dimes Canada in the organization's material including publications, newsletters, website and social media properties.					□ Yes □ N	٧o		



Tell us how your life would change if you received a tablet package?				



March of Dimes Canada Release of Information

March of Dimes Canada is pleased to serve you. From time to time we are interested in receiving your feedback and would like to send you information to help us better serve you. Our Quality Service policy is...

"to ensure that anyone affiliated with March of Dimes Canada recognizes all internal and external contacts as customers and is committed to delivering Quality Service to each and every one of them".

In the future, we may wish to contact you for one or more of the reasons listed below. Please check off those that you agree with. This will help us continue to offer you quality service and respect your privacy and personal wishes.

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	To participate in surveys on services I receive from March of Dimes Canada.
	To advise me of new information or services that may be of interest to me.
	To provide me with a volunteer opportunity.
	To obtain my opinion on services or policies affecting people with disabilities.
	Do not contact.

March of Dimes Canada Privacy Statement

March of Dimes Canada (MODC) is committed to protecting the integrity and privacy of personal information under our control. Among other things, MODC has adopted the Ethical Fundraising & Financial Accountability Code (Code) developed by the Canadian Centre for Philanthropy. MODC also has adopted practices and procedures, which give effect to the ten privacy principles contained in the federal Personal Information Protection and Electronic Documents Act (PIPEDA). MODC staff and volunteers have been trained on these practices and procedures and they have signed confidentiality agreements with MODC. The personal information about you and your family member(s) is used for the purposes of:

- I. administering the Assistive Mobile Technology Initiative, including processing your contest package for funding assistance
- II. contacting you about the status of your contest package
- III. obtaining feedback about March of Dimes Canada services you receive
- IV. providing information about March of Dimes Canada to you and others
- V. complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the Assistive Mobile Technology Initiative.

The personal information collected about you and your family member(s) includes information supplied by you in your application for funding assistance and any additional or updated information which we may collect from you in the future. MODC has guidelines and procedures to govern the destruction of personal information. Care is exercised in destruction of personal information to prevent unauthorized access.



Client Authorization

I hereby declare that the information I have provided in this application is accurate and without omission, and I authorize March of Dimes Canada to obtain or release personal information to process my request and to verify the information that I have declared in this application. I also declare that I have read and agreed to the Privacy and March of Dimes Canada Release of Information statements contained in this document.

Information statements contained in this document.						
Name of Contestant (Please Print):						
Signature of Contestant	Date					

Please submit this form and required documents by mail, fax, or email:

Assistive Mobile Technology Initiative

March of Dimes Canada

291 King St., 3rd Floor London, ON N6B 1R8

Fax: 519-432-4923

Email: amti@marchofdimes.ca