



WHO WE ARE

Dear Families,

Thank you for your interest in our funding application! Applications are now available on our website www.oscarsplace.ca.

As parents of a special little boy, Oscar's Place owners, Lana and Oscar Roman learned first hand that there is very limited access to privately funded rehabilitation services for children north of Toronto. Lana's background as a physiotherapist combined with her passion for paediatric rehabilitation fuelled the creation of Oscar's Place. A place created not only for their son, but for all children who may need some extra help along the way.

At Oscar's Place we offer a multi-disciplinary approach to rehabilitation. This means that your child can access physiotherapy, occupational therapy, speech therapy and mental health services all under one roof. This can be especially beneficial for those children with complex needs because it allows for a collaborative approach to treatment while working towards common, patient-centred goals.

We know that costs can be overwhelming whether your child requires medical supplies, equipment or access to therapies and even respite. We want to help. We have created this fund for families of children with complex needs who need additional support.

Kind Regards,

Lana and Oscar Roman
And The Team at Oscar's Place
A place where all children matter

Ph:705-444-6694
Fax: 705-444-7809

275 First St. Unit 8 & 9
Collingwood, ON L9Y 0W8

W:oscarsplace.ca
E:info@oscarsplace.ca



FUNDING APPLICATION

Applications will be accepted starting at 8:00am on Monday June 26, 2023 and will be accepted until Wednesday June 28, 2023 at 11:59pm.

Please send your completed application and supporting documentation (including proof of address and “Physician Referral Form For Funding”) to info@oscarsplace.ca.

Families will receive an email confirming receipt of application within 48 hours.

Notifications of acceptance will be emailed by Tuesday July 4, 2023. Funds are required to be picked up at Oscar’s Place in person by 4pm on Friday July 14th. Proof of identification will be required.

Application Checklist

- Photocopy of proof of address within Simcoe, Grey or Bruce Counties
- Completed and signed Physician Referral Form
- Completed and signed application

Ph: 705-444-6694
Fax: 705-444-7809

275 First St. Unit 8 & 9
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W: oscarsplace.ca
E: info@oscarsplace.ca

FUNDING APPLICATION

Applicants must reside in Simcoe, Grey or Bruce Counties, have complex needs and be aged 17 or under

Child's First Name: _____ Last Name: _____

DOB (D/M/Y): _____ Email: _____

Home Phone: _____ Mobile: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Guardian(s): _____

Contact Information is the same as the child

Additional Contact Information (If Applicable):

Family Doctor: _____ Family Doctor #: _____

How did you hear about us? _____

You can opt to receive emails to keep you informed about Oscar's Place

I would like to receive news and special promotions by email

I would NOT like to receive news and special promotions by email

CONSENT FORM

Accuracy of Information

- I certify that the above medical information for my child is correct to the best of my knowledge.

Privacy and Sharing of Information

I authorize Oscar's Place to share our story on their social media platforms and with sponsors of the fundraiser.

- I agree for my child's story to be shared on BOTH social media AND with sponsors of the fundraiser using:
- Their first name as an identifier
 - Their initials as an identifier
 - Don't identify my child, but please share their story
- Only share with sponsors using:
- Their first name as an identifier
 - Their initials as an identifier
 - Don't identify my child, but please share their story
- Only share on social media using:
- Their first name as an identifier
 - Their initials as an identifier
 - Don't identify my child, but please share their story
- Please don't share my child's story

Our hope is that by sharing information it will help grow the fund in the future. Please know that your response will in no way impact your receipt of funding.

Guardian/Parent Signature: _____ Date: _____



PHYSICIAN REFERRAL FORM FOR FUNDING

**To be completed by your child's Paediatrician, Family Doctor, or Nurse Practitioner*

Referring Practitioner: _____

I recommend that this child is suitable to receive funds from the Oscar's Place Fundraiser based on their need for:

*Please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Equipment (i.e. Wheelchair, Orthotics) |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Medical Supplies (i.e. G tube or Catheter Supplies) |
| <input type="checkbox"/> Speech-Language Pathology | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Respite Services | |

Child's Name: _____ DOB: _____

Phone Number: _____

Current Medical Conditions and/or Diagnosis (if applicable):

Practitioner Signature: _____ Date: _____

ABOUT OSCAR'S PLACE FUNDING

Funding will be provided directly to families who have children with complex needs in the amount of \$500.00/family. The intention of these funds is to help provide medical supplies, equipment, therapies or respite care directly to the child and their family (as recommended by the healthcare practitioner).

I certify that the above is my intended use for the funds.

Guardian/Parent Signature: _____ Date: _____

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