



JOYSANNE SIDIMUS SUBSIDY PROGRAM

---

APPLICATION FORM

**Instructions:**

- Please read *Guidelines for Applicants*.
- To be considered for subsidy, you must complete this form and include the relevant documents. Applications not accompanied by required documentation will not be considered.
- Please print clearly.
- Applications may be submitted to the Artists' Health Centre Foundation by mail or fax only.
- All information on completed applications will be kept strictly confidential.
- Prior to receiving subsidized treatment, applicants are required to meet with the AHC Nurse Practitioner for assessment and development of an appropriate treatment plan (*an exception may be made if the applicant is currently receiving treatment from an AHC practitioner*).

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

CELLULAR \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

1. ARE YOU A CANADIAN CITIZEN, A PERMANENT RESIDENT OF CANADA, OR DO YOU HAVE A WORK VISA WITH A PROFESSIONAL ARTS ORGANIZATION? [*if not a Canadian citizen, applicant is required to attach a photocopy of proof of status as a permanent resident, or work visa*]

YES \_\_\_\_\_

No \_\_\_\_\_

2. WHICH ARTISTIC DISCIPLINE DO YOU WORK IN?

\_\_\_\_\_

3. DO YOU QUALIFY AS A PROFESSIONAL ARTIST UNDER THE CANADIAN ARTIST CODE (SEE APPENDIX A OF THE GUIDELINES)? [*Please attach a photocopy of your membership card in a professional artists' association and a professional resume*]

YES \_\_\_\_\_ NO \_\_\_\_\_

**OR**

ARE YOU A FULL-TIME STUDENT IN A RECOGNIZED POST-SECONDARY PROFESSIONAL ARTS TRAINING PROGRAM? [*Please attach a photocopy of proof of registration in the program*]

YES \_\_\_\_\_ NO \_\_\_\_\_

4. ARE YOU REQUESTING **PSYCHOTHERAPY** SERVICES?

YES \* \_\_\_\_\_ NO \_\_\_\_\_

PSYCHOTHERAPY APPOINTMENT DATE (REQUIRED) \_\_\_\_\_

**\*If YES please note the following:** Applications including requests for psychotherapy services must have a confirmed psychotherapy appointment (please refer to the Eligibility Criteria section of the Subsidy Guidelines Document for more information <http://ahcf.ca/subsidy.html>)

5. WHAT PROBLEMS DO YOU WANT ADDRESSED BY TREATMENT? (*E.G. SHOULDER PROBLEM - INCREASE RANGE OF MOVEMENT OR ELIMINATE PAIN; PSYCHOLOGICAL PROBLEM - DEAL WITH DEPRESSION, ANXIETY, ETC.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES THIS PROBLEM PREVENT OR HINDER YOU FROM WORKING IN YOUR ARTISTIC PROFESSION?

YES \_\_\_\_\_ NO \_\_\_\_\_

HOW? PLEASE EXPLAIN IN AS MUCH DETAIL AS POSSIBLE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. DO YOU HAVE ACCESS TO HEALTH CARE BENEFITS THROUGH YOUR OR YOUR SPOUSE'S, OR FAMILY'S, PRIVATE/UNION/ASSOCIATION HEALTH PLAN?

YES \_\_\_\_\_ NO \_\_\_\_\_

IS ANY OR ALL OF THE PROPOSED TREATMENT COVERED UNDER YOUR PRIVATE OR FAMILY PLAN?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOUR TREATMENT IS COVERED, HAVE YOU EXHAUSTED YOUR BENEFIT FOR THIS YEAR?

YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE:** YOU MUST HAVE EXHAUSTED ALL AVAILABLE SOURCES OF HEALTH CARE BENEFITS OR FINANCIAL REIMBURSEMENT BEFORE APPLYING TO THE SUBSIDY PROGRAM.

7. HAVE YOU RECEIVED SUBSIDY FUNDS THROUGH THE AHC SUBSIDY PROGRAM PREVIOUSLY?

YES \_\_\_\_\_ NO \_\_\_\_\_

DATE OF PREVIOUS APPLICATION(S) \_\_\_\_\_

8. WHAT IS YOUR ANTICIPATED INCOME IN THIS CURRENT YEAR :

GROSS INCOME \$ \_\_\_\_\_

(YOUR INCOME BEFORE DEDUCTIONS FROM ALL SOURCES)

NET TAXABLE INCOME \$ \_\_\_\_\_

(NET PROFESSIONAL INCOME AND + OTHER EMPLOYMENT INCOME AS SHOWN ON LINE 150 OF YOUR TAX RETURN):

PLEASE INDICATE WHETHER THIS IS TYPICAL OR UNUSUAL:

\_\_\_\_\_

WHAT PERCENTAGE OF YOUR INCOME IS EARNED FROM YOUR WORK AS AN ARTIST? \_\_\_\_\_ %

9. WHAT IS YOUR RESIDENTIAL STATUS?

LIVE ALONE \_\_\_\_\_ WITH PARTNER/SPOUSE \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_

ARE YOU THE ONLY INCOME EARNER IN YOUR HOUSEHOLD?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, HOW MANY MEMBERS OF YOUR HOUSEHOLD EARN AN INCOME? \_\_\_\_\_

PLEASE INDICATE **PREVIOUS YEAR'S COMBINED** TOTAL TAXABLE INCOME (FROM LINE 150 OF TAX RETURN) OF YOU AND ANY OTHER HOUSEHOLD MEMBERS: [*Please attach the most recent Notice of Assessments for all household wage earners*]

- \$20,000 OR LESS
- \$20,001 TO \$25,000
- \$25,001 TO \$30,000
- \$30,001 TO \$35,000
- \$35,001 TO \$40,000
- \$40,001 TO \$45,000
- \$45,001 TO \$50,000
- \$50,001 TO \$55,000
- \$55,001 TO \$60,000
- \$60,001 OR OVER

**PLEASE ATTACH THE FOLLOWING DOCUMENTS, AND CHECK OFF. APPLICATIONS NOT ACCOMPANIED BY THIS DOCUMENTATION WILL NOT BE CONSIDERED.**

- If not a Canadian citizen, attach a photocopy of proof of status as a permanent resident, or work visa with a professional arts organization.
- Photocopy of your most recent income tax Notice of Assessment, and, if applicable, a photocopy of the most recent income tax Notice of Assessment of any other household income earners.
- Current Professional Resume and, if applicable, proof of professional affiliation or status (e.g. photocopy of membership card, membership number)

**OR**

Proof of registration as a full-time student in a recognized post-secondary professional arts training program.

I, \_\_\_\_\_ (PRINT NAME), certify that the information in this application and on any documents attached is complete and accurate and fully discloses my income from all sources.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signed: \_\_\_\_\_

PLEASE MAIL THIS FORM WITH ACCOMPANYING DOCUMENTATION TO:

Joysanne Sidimus Subsidy Program  
Artists' Health Centre Foundation  
250 The Esplanade, Suite 500  
Toronto, Ontario M5A 1J2

OR FAX TO:

416.595.0009