

ARTISTPAINTERDANCERPHOTOGRAPHERCREATE  
DOCTORNURSEPRACTITIONERPHYSIOTHERAPY  
WRITERBALLETPOETDANCESINGERFILMMAKER  
TOUCHMASSAGECHIROPATHYACUPUNCTURISTUROPATH  
CHOREOGRAPHERWRITERSONNUFORMUSICIAN  
SHIATSUMASSAGEHERBALACUPUNCTURIST  
COMPOSERMUSICIANACTORACTRESSDANCERSCULPTOR  
NURSECRANIOSACRALTHERAPISTACUPUNCTURISTNURSE  
DANCEDESESSAYWRITERSONNETTEROPERA  
HEARINGSPECIALISTDIETICIANTHERAPYHEALING  
COMEDIANAUTHORACTORSINGERPERFORMER  
PHYSIOTHERAPYGYROKINESISMASSAGETHERAPY

## JOYSANNE SIDIMUS SUBSIDY PROGRAM

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### APPLICATION FORM

#### Instructions:

- Please read carefully the **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 Alliance by mail or fax only.
- All information on completed applications will be kept strictly confidential.
- The committee reviews applications in most cases within two weeks of receipt. However, retroactive funding is not available.
- 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). To make an appointment for an assessment call the Artists' Health Centre at 416-603-5263.

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#### Contact Information:

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

**ELIGIBILITY:**

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

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

5. 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. Have you visited the Nurse Practitioner or met with another AHC practitioner?

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

7. DO YOU HAVE ACCESS TO HEALTH CARE BENEFITS THROUGH YOUR OR YOUR SPOUSE 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.**

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

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

IF YES, DATE PREVIOUS SUBSIDY RECEIVED \_\_\_\_\_

9. FINANCIAL INFORMATION:

WHAT IS YOUR ANTICIPATED INCOME IN THIS CURRENT YEAR:

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

(YOUR TOTAL 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 ANNUAL INCOME FOR YOU.

IF UNUSUAL, PLEASE EXPLAIN IN AS MUCH DETAIL AS POSSIBLE (ATTACH AN ADDITIONAL PAGE IF NECESSARY):

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

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

10. WHAT IS YOUR RESIDENTIAL STATUS?

LIVE ALONE \_\_\_\_\_ WITH PARTNER/SPOUSE \_\_\_\_\_ WITH ROOMMATE(S) \_\_\_\_\_

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

ARE YOU THE ONLY INCOME EARNER IN YOUR HOUSEHOLD? (HOUSEHOLD IS DEFINED AS PERSONS WHO ARE FINANCIALLY RESPONSIBLE FOR ONE ANOTHER)

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 a copy of the most recent Notice of Assessments for all household wage earners. Unless you are a full time student, your Notice of Assessment is required for your application to be considered.**

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

IS THERE ANYTHING ELSE ABOUT YOUR FINANCIAL SITUATION THAT YOU WISH US TO KNOW IN ORDER FOR US MAKE A DETERMINATION? (ATTACH ADDITIONAL PAGES IF NECESSARY):

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

**Application Checklist**

**BE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:**

\_\_\_\_\_ 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.

***Please note: unless you are a full time student, your Notice of Assessment is required for your application to be considered. Your income tax form does not qualify. Your application will not be considered without your Notice of Assessment received from government.***

\_\_\_\_\_ 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 COMPLETED APPLICATION TO:**

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

**OR FAX TO:**

416.595.0009