JOYSANNE SIDIMUS FUND APPLICATION FORM

The Joysanne Sidimus Fund is a financial assistance program which helps eligible professional artists, full-time post-secondary arts students and teachers at recognized post-secondary arts training institutions (as determined by the Eligibility Checklist below) to pay for the fee-for-service treatments offered at The Al & Malka Green Artists' Health Centre at Toronto Western Hospital by covering 75% of the cost, up to a maximum of $760 in a 12-month period for each successful application.

How To Apply:

1. Go through our Eligibility Checklist (on the following pages) to confirm that you are eligible to apply for financial assistance and have the required supporting documents.

2. Fill in the required information and attach your supporting documents.

3. Send your completed Eligibility Checklist and Application Form to the Artists' Health Alliance:
   - **By fax:** 416-595-0009
   - **By mail or in person:** Joysanne Sidimus Fund
     Artists' Health Alliance
     The Lynda Hamilton Centre
     250 The Esplanade, Suite 500
     Toronto, Ontario M5A 1J2

PLEASE NOTE:

- Funding is not retroactive.
- All information provided is kept strictly confidential.
- Applications are reviewed on a monthly basis.

If you have any questions about the application process or the Joysanne Sidimus Fund, please contact the Artists' Health Alliance at 416-351-0239.

Eligibility Checklist:

Please fill in the following checklist to confirm that you are eligible to apply for the Joysanne Sidimus Fund and that you have the required supporting documents. **This checklist must be sent in as part of your application**.

☐ I am a Canadian citizen

OR

☐ I am a permanent resident of Canada.
REQUIRED SUPPORT DOCUMENT: a photocopy of proof of status as a permanent resident.

OR

☐ I have an approved work visa with a professional arts organization.
REQUIRED SUPPORT DOCUMENT: a photocopy of your work visa.

☐ I have met with the Nurse Practitioner at The Al & Malka Green Artists' Health Centre.
*(This appointment is **free of charge** and can be made by calling the Centre at 416-603-5263.)*

Appointment date: _____

Nurse Practitioner Signature: _____

☐ I have exhausted any and all private health care plan benefits and other sources of financial aid available to me. These have been used in full prior to this application to the Fund. *This includes health care benefits accessible to you through your health plan or your spouse's health plan or your family's health plan. You must have exhausted all available sources of health care benefits or financial reimbursements before applying.*

☐ This is my first time applying for the Joysanne Sidimus Fund.

OR

☐ I have applied for and received the Joysanne Sidimus Fund before.

Month and year previously received: _____

Eligibility Checklist (continued):

☐ I am a professional artist according to the requirements outlined in the table below. Please check all that apply.
*At least **two of the first three boxes** must be checked in order to qualify*.

REQUIRED SUPPORT DOCUMENT**: **An up-to-date professional resume. Your resume should include a record of your recent artistic work, any awards or distinctions you have received and any education or training you have done in your discipline. If you have any questions about writing a resume, or would like a template, please call the Artists' Health Alliance at 416-351-0239.

Yes	
☐	I am represented by a dealer, publisher, agent, or similar representative appropriate to the nature of my work; **AND/OR** I have presented my work to the public by means of exhibitions, publications, performances, readings, screenings, or by any other means appropriate to the nature of my work; **AND/OR** I contribute artistically to the creation of productions in the performing arts, music, dance and variety entertainment, film, radio and television, video, sound recording, arts and crafts, or visual arts.
☐	I have been paid for the use, display or presentation of my artistic work within the past five years; **AND/OR** I have received public or peer recognition for my artistic work in the form of honours, awards, grants and professional prizes or publicly distributed critical appraisal within the past five years.
☐	I have graduated from a recognized arts educational institution or program within the past five years. **AND/OR** I am a faculty member of a post-secondary arts institution and/or a teacher at a professional arts training institution. ***REQUIRED SUPPORT DOCUMENT :*** *A letter from the institution confirming your status*
☐	I am a member of a professional association and/or union appropriate to my artistic activity. ***REQUIRED SUPPORT DOCUMENT :*** *Proof of professional affiliation or status* (e.g. photocopy of membership card, membership number)

OR

☐ I have reached the age of 60 with a minimum of 10-15 years' professional experience.
REQUIRED SUPPORT DOCUMENT: *a C.V. which reflects your professional experience*.

OR

☐ I am a full time student enrolled in a recognized post-secondary professional arts training institution or program.
***REQUIRED SUPPORT DOCUMENT**: Proof of enrollment.*

Institution and program name: _____

Eligibility Checklist (continued):

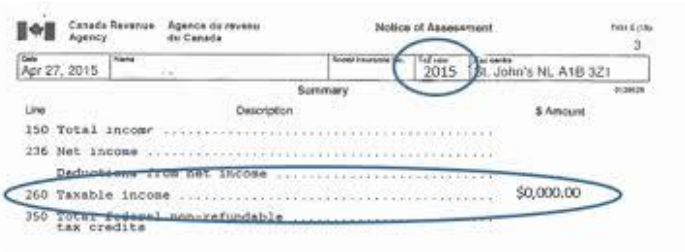
NOTE FOR STUDENTS: If you are a full time student enrolled in a professional arts training program you are only required to fill out **Section 1, Section 2** and **Section 3** of the Application Form. You may skip the rest of the **Eligibility Checklist**, and **Section 4** of the application form as we do not require financial information or NOAs from students.

☐ I have included a copy of my most recent Income Tax Notice of Assessment **and** the Notice of Assessment of all other wage earners in my household who are either financially responsible for me, or who I am financially responsible for.
*These are **REQUIRED SUPPORT DOCUMENTS**.*

Notice of Assessment FAQ

What is a Notice of Assessment?
A Notice of Assessment is a form that Revenue Canada sends back to you as a summary of your received Tax Return.

What does a Notice of Assessment look like?
Below is a sample notice or assessment, showing the top of the page that has line 260 on it (circled). This is the line the Committee needs to see, to confirm you meet the financial requirements to be eligible to apply. The year (also circled) must be the most recent tax year.


Canada Revenue Agency / Agence de revenu du Canada — Notice of Assessment
Date: Apr 27, 2015 | Name | Social Insurance No. | Tax year: 2015 | Tax centre: St. John's NL A1B 3Z1
Summary
Line | Description | $ Amount
150 Total income
236 Net income
Deductions from net income
260 Taxable income $0,000.00
350 Total federal non-refundable tax credits

Where can I get a copy of my Notice of Assessment?
You can get a copy of your Notice of Assessment by contacting the Canada Revenue Agency or by logging in to your online account with them at: http://www.cra-arc.gc.ca/tx/ndvdls/tpcs/ncm-tx/ssmnt-eng.html If you submit the online version please include both pages (the one that shows line 260 and the one with the year and your name).

☐ I meet the financial criteria outlined below:

Persons in a Family Unit	The combined Taxable Income *(line 260 on each person's income tax Notice of Assessment, as shown in image above)* of all income earners in family unit who are financially responsible for each other is at or below the following levels.
1	≤ $33,000
2	≤ $45,000
3	≤ $50,000
4	≤ $55,000
5	≤ $60,000

Application Form

All information is kept strictly confidential. **Please print clearly**.

Section 1 - Contact Information:

Name: _____

Date of Birth (MM/DD/YYYY): _____ /_____ /_____

Address: _____

City _____ Province _____ Postal Code _____

Preferred Phone Number: (____)_____

Alternate Phone Number (if applicable): (____)_____

E-mail: _____

Section 2 – General Information:

Where did you hear about the **Joysanne Sidimus Fund**?
(please check all that apply)

- ☐ The Al & Malka Green Artists' Health Centre
- ☐ Artists' Health Alliance (website, social media, or e-communications)
- ☐ Doctor Recommendation
- ☐ Word of Mouth/Friend Referral
- ☐ Actra Fraternal Benefit Society (AFBS)
- ☐ Other *(please specify)*: _____

Section 3 – Your Art and Your Health:

1. Which artistic field do you work in?

☐ Dance

☐ Media Arts

☐ Music

☐ Theatre/Performance Arts

☐ Visual Arts

☐ Writing

☐ Other (please specify):_____

2. Area of Injury or Ailment: _____
(i.e. knee, shoulder, cognition, mental stress)

Date of Injury/Start of Ailment: _____

3. Please provide more detail about your injury or ailment and how it affects your ability to practice, create or perform your art.

_____

_____

_____

_____

4. Using the scale 0-10 please rate each of the following areas:

a. Ability to continue practicing, creating or performing your art since your injury/ailment

(not at all able) 0 1 2 3 4 5 6 7 8 9 10 (fully able)

b. Ability to take care of yourself at home (i.e. cook, laundry, bathe) since your injury/ailment

(not at all able) 0 1 2 3 4 5 6 7 8 9 10 (fully able)

c. Ability to work well with and interact with others since your injury/ailment

(not at all able) 0 1 2 3 4 5 6 7 8 9 10 (fully able)

d. Since your injury/ailment began, have you experienced a change in your energy levels?

(no change) 0 1 2 3 4 5 6 7 8 9 10 (full change)

e. Since your injury/ailment began, have you experienced unusual bouts of helplessness, sadness, excessive worry, or a lack of interest in things that were previously pleasurable?

(never) 0 1 2 3 4 5 6 7 8 9 10 (often)

Section 4– Financial Information

NOTE FOR STUDENTS: If you are a full time student enrolled in a professional arts training program you are not required to fill out this section.

1. Are you the only income earner in your Household?
   (Household is defined as persons who are financially responsible for one another)

   ☐ **Yes**

   If so, please indicate your Taxable Income (as shown on line 260 of your Notice of Assessment): $_____
   REQUIRED SUPPORT DOCUMENT: A copy of your most recent Notice of Assessment showing your total Taxable Income (line 260)

   ☐ **No**. If not, how many members of your household earn an income **and** are financially responsible for each other? _____

   Please indicate previous year's **combined** Taxable Income (from line 260 of each person's tax return) including yourself and any other household members who earn an income and are financially responsible for each other: $_____

   REQUIRED SUPPORT DOCUMENT: A copy of the most recent Notice of Assessment showing your total Taxable Income (line 260) for yourself and all other household income earners.

2. Do you have any children/dependants?
   ☐ **Yes**. If so, how many? _____
   ☐ **No**.

3. Is this typical annual income for you/your Household?
   ☐ Yes
   ☐ No
   If no, please explain why it is unusual:

   _____

   _____

4. Is there anything else about your financial situation that you would like the Joysanne Sidimus Fund Committee to consider when your application is reviewed?
   _____

   _____

Required Support Document Checklist:

Please make sure you send **all applicable support documents** with your completed Eligibility Checklist and Application Form:

If you are *not* a Canadian citizen:

☐ Proof of status as a permanent resident of Canada

OR

☐ A copy of your approved work visa with a professional arts organization

If you are *not* a student:

☐ An up-to-date professional resume which demonstrates your recent artistic work, any awards or distinctions you have received, and any education or training you have done in your artistic discipline.

☐ A copy of your most recent Notice of Assessment showing your total Taxable Income (line 260) **and** if applicable, a copy of the most recent Notice of Assessment of any other household income earners. **NOTE:** Your income tax form does not qualify. Your application will not be considered without your official Notice of Assessment, sent to you from the Canada Revenue Agency.

☐ *(If applicable)* Proof of professional affiliation or status (e.g. photocopy of membership card, membership number, letter from the institution where you teach)

If you are a student:

☐ Proof of full-time enrollment in a recognized post-secondary professional arts training program.

Signature

I, (print your 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 (date)_____ day of (month)_____, (year) _____

Signed: _____

What's Next?

- Send your completed Eligibility Checklist and Application Form to the Artists' Health Alliance:

    a. **By fax:** 416-595-0009

    b. **By mail or in person**: Joysanne Sidimus Fund
    Artists' Health Alliance
    The Lynda Hamilton Centre
    250 The Esplanade, Suite 500
    Toronto, Ontario M5A 1J2

    **please note that we do not have a secure internet line and do not recommend emailing your personal information.*

- Applications are reviewed once a month by the Joysanne Sidimus Fund Committee and you will be notified of their decision.

- If you are approved, the fund will cover 75% of the cost of the fee-for-service treatments offered at The Al & Malka Green Artists' Health Centre. You will be required to pay only the 25% balance of the cost to the AHC at the time of treatment. **Failure to pay clients' portion of the practitioner fee will result in suspension of financial assistance benefits.** You will be responsible for tracking your fund use.

- To book an appointment at The Al & Malka Green Artists' Health Centre, call **416-603-5263**.

- The Al & Malka Green Artists' Health Centre cancellation policy states that all patients who miss appointments and/or cancel with less than 24 hours notice will be required to pay the full-fee for their appointment. **The Joysanne Sidimus Fund will not cover any portion of a missed appointment. Full payment will be the responsibility of the Artist and must be made prior to a subsequent appointment being booked.**

Updated: July 2016