



JOYSANNE SIDIMUS FUND RE-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.

PLEASE NOTE: This streamlined form is only for applicants who are re-applying within the same tax year.

If you are re-applying for the Fund in a new tax year, or if you are applying for the first time, please fill in our regular application form. If you are not sure which form to fill out, please call The Al and Malka Green Artists' Health Centre at 416-603-5263 or email:

matthew.eldridge@uhn.ca

Once you have completed this application form, please send it to the to The Al and Malka Green Artists' Health Centre:

- **By fax:** 416-603-5821
- **By mail or in person:** Matt Eldridge

The Al and Malka Green Artists' Health Centre
Toronto Western Hospital, 3rd Floor West Wing,
Room 428
399 Bathurst Street,
Toronto, Ontario M5T 2S8

Before re-applying to the Joysanne Sidimus Fund, you must book an appointment and meet with the Nurse Practitioner at The Al and Malka Green Artists' Health Centre to review and update your treatment plan.

I have met with the Nurse Practitioner at The Aland 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: _____

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 address: _____

Section 2: History with the Fund

1. When did you previously receive financial assistance through the Joysanne Sidimus Fund?

Please indicate the month and year: _____

2. Are you currently re-applying to the Fund to address the same health issues as your most recent application?

Yes

No

If no, please explain what has changed:

3. 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 3: Financial Information

1. Please indicate your Taxable Income as shown on line 260 of your most recent **Notice of Assessment**: \$_____

2. Has your financial situation changed since your most recent application?

No

Yes - If yes, please explain what has changed:

2. Has your Household size or living situation changed since your last application? *(e.g., change of marital status, change of number of dependent children, etc.)*

No

Yes - If yes, please explain what has changed:

3. Have you exhausted any and all private health care plan benefits and other sources of financial aid available to you? *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.*

Yes

No

I, (print your name) _____, certify that the information in this application 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 application to the Artists' Health Alliance:
 - By fax: **416-603-5821**
 - By mail or in person: Matt Eldridge
The Al and Malka Green Artists' Health Centre Toronto
Western Hospital, 3rd Floor West Wing, Room 428,
399 Bathurst Street,
Toronto, Ontario M5T 2S8
- 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 and 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 and Malka Green Artists' Health Centre, call **416-603-5263**
- The Al and 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: May 2019