**Wage Subsidy Application**

**Advancing the Fundamentals Brain Injury Workshop March 26, 2015**

A financial incentive of up to $250 per participant may be requested.

Employers would identify the amount they would require up to $250 per employee. Organizations may be limited to a maximum number of subsidized spaces, dependent on interest. Employers would need to meet criteria below.

**Criteria for Funding Approval**

* A portion of clientele must be brain injury survivors
* Provide services within Southeastern Ontario
* Be non-profit or receive public dollars to provide services (including contracted services)

**In the case of multiple applications competing for funding (ie. fund nearing depletion) the priorization for allocation of funding will be based on:**

* Impact on daily care of brain injury survivors
* Number of brain injury survivors expected to be impacted
* Regional distribution; access to the fund should be made available to the region of Southeastern Ontario and be equally distributed across the region.
* Distribution across the continuum of care
* Distribution across disciplines
* Date of submission

**To apply for wage subsidy, please complete the following questions in bullet form.**

1. Please list your occupation:
2. Place of employment:
3. Is this organization non-profit or a recipient of public dollars (i.e. publicly funded or services contracted by CCAC)?
4. Please list the communities you service within the South East LHIN

 (Visit the following link if you are unsure if you provide service within these boundaries: <http://www.southeastlhin.on.ca/AboutUs/Communities.aspx> )

1. Describe the type of services you provide to brain injury survivors:
2. How many hours of service do you provide to brain injury survivors in an average week?
3. How many brain injury survivors would you see in an average week?
4. What stage of recovery are your clients in? (Acute, In-Patient, Outpatient, Long-term maintenance/support)
5. What amount will you be claiming for your subsidy (hourly rate x 7 hours to a maximum of $250) $\_\_\_\_\_\_\_
6. Who should subsidy cheque be made payable to:

**To apply, please direct answers to to Rachael Henry,** **henryr1@providencecare.ca** **.**

**For inquiries, phone 613-547-6969 ext. 165.**