

APPLICATION FOR SARS GRANT INITIATIVE

BEFORE SENDING, PLEASE TAKE A FEW MOMENTS TO REVIEW YOUR APPLICATION TO ENSURE ELIGIBILITY FOR THE GRANT AND THAT ALL THE REQUIRED INFORMATION HAS BEEN PROVIDED. MISSING OR UNCLEAR INFORMATION MAY RESULT IN DELAYS OR YOUR CLAIM-NOT BEING CONSIDERED FOR THE ABOVE STATED INCOME RELIEF.

- My place of work is, or is located in, a recognized health-care setting.
- I am not eligible for Employment Insurance
(If you have more than 600 hours of insurable employment in the last 52 weeks, you must apply for Employment Insurance Benefits before you apply for this grant. For example, please include the letter from EI which indicates that you are not eligible for EI if you have received one)
- Did I complete all areas and sign and date the Application?
- Did I sign, date and include the "Authorization to Disclose and Collect Information"?
- Did I have my employer (or contact person for self-employed people) complete a "Request for Information" form and include it?
- Do I know where to mail the completed Application, Authorization and Request for Information forms?
- Do I have sufficient postage on the mailing envelope?

APPLICATION FOR SARS GRANT INITIATIVE

OBJECTIVE

The objective of the SARS Grant Initiative is to provide income relief to eligible recipients whose usual place of employment is, or is located in, a recognized health care setting and who are not eligible for Employment Insurance benefits.

ELIGIBLE RECIPIENTS

Individuals, whether employed or self-employed:

- a) whose usual place of employment is in a recognized health care setting (e.g., hospitals, medical offices, medical laboratories, emergency services such as paramedics). This would also include individuals in non-medical employment which is in a recognized health care setting (e.g., cleaning staff, cafeteria workers);

and

- b) who suffered a loss of employment income due to any of the following:
 - 1. denied access to their usual place of employment by their employer due to the SARS outbreak
 - 2. contracted SARS in the course of their employment
 - 3. placed in quarantine or voluntary isolation because they may have been exposed to SARS in the course of their employment

and

- c) who do not qualify for Employment Insurance benefits.

APPLICATION REQUIREMENTS

Applicants must:

- a) Demonstrate a loss of income not covered by paid sick leave or some other form of compensation arising from employment, including Employment Insurance;
- b) In the case of a person who was unable to work because they had contracted SARS, provide a medical certificate or other documentation signed by a recognized medical practitioner which attests that the person contracted SARS and the period of time for which this applies;
- c) Provide a completed and signed application form and the Authorization to Disclose and Collect Information
- d) Provide the Request for Information form verifying that the employment is, or is located in, a recognized health care setting, their full-time or part-time status, the dates and reasons for inability to work.

GRANT AMOUNT

Grants may be made to eligible recipients to cover lost income as a result of being unable to work due to contracting SARS or being quarantined or in isolation as a result of being exposed to SARS during the course of employment in a recognized health care setting.

The maximum amount payable per eligible recipient shall be \$6,000 and payments may be made for a maximum period of 15 weeks as follows:

- a) \$400 per week or part thereof for a worker in full-time employment;
- b) \$200 per week or part thereof for a worker in part-time employment.

A full-time worker is defined as a person who works the number of hours, days or shifts normally worked in a calendar week by a full-time worker in the same or similar occupation, and at the same premises or similar premises.

A part-time worker is defined as a person who does not work full-time as described above.

BASIS AND TIMING OF PAYMENT

Payments to eligible recipients may be made on a bi-weekly basis and will be linked to continued entitlement. Payments may also be made in one installment.

Any payment payable under this grant application is subject to the appropriation of funds by Parliament for the fiscal year in which the payment is to be made and to the maintenance of current and forecasted funding allocation levels for the SARS Initiative. In the event that Canada's Treasury Board cancels this program or reduces the level of funding for this program, HRDC may terminate its agreement to pay the grant or reduce the amount of its financial assistance payable under this agreement.

APPLICATION FOR SARS GRANT INITIATIVE

PLEASE MAIL THE COMPLETED

- 1. APPLICATION; AND**
- 2. AUTHORIZATION TO DISCLOSE AND COLLECT INFORMATION; AND**
- 3. REQUEST FOR INFORMATION**

TO THE FOLLOWING ADDRESS:

SGI Unit
 HRDC Ontario Regional Office
 4900 Yonge Street, Suite 200
 Toronto, Ontario
 M2N 6A8

OFFICIAL USE – RÉSERVÉ À L'ADMINISTRATION (TO BE COMPLETED BY HRDC OFFICIAL)			
FILE NO.	OPTION CODE	RESP RC	BUDGET RC
PART 1 – APPLICANT INFORMATION			
1. NAME	2. SOCIAL INSURANCE NUMBER		
3. STREET ADDRESS	4. MAILING ADDRESS (IF DIFFERENT)		
5. CITY/TOWN	6 POSTAL CODE		
7. PROVINCE/TERRITORY	8. AREA CODE / TEL. NO.	9. AREA CODE / FAX NUMBER	
10. E-MAIL ADDRESS			
11. ARE YOU SELF-EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, REGISTERED BUSINESS NUMBER (not phone number)	12. IS YOUR NORMAL PLACE OF EMPLOYMENT IN A RECOGNIZED HEALTH CARE SETTING (E.G. HOSPITALS, MEDICAL OFFICES, MEDICAL LABORATORIES, EMERGENCY SERVICES SUCH AS PARAMEDICS?) YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, SPECIFY _____		
13. OCCUPATION			
PART 2. QUESTIONNAIRE			
14. PLEASE INDICATE BELOW THE SITUATION WHICH APPLIES TO YOU: A) I contracted SARS in the course of employment in a recognized health care setting _____ Date on which you were diagnosed with SARS: _____ Dates on which you missed work: _____ B) I was unable to work because I was denied access to my place of employment in a recognized health care setting by my employer due to the SARS outbreak _____ Dates on which you missed work: C) I was unable to work because: I placed myself in voluntary isolation because I may have been exposed to SARS in the course of my employment in a recognized health care setting Or I was under quarantine because I may have been exposed to SARS in the course of my employment in a recognized health care setting and the period of quarantine was - imposed by a public health care officer _____, or - recommended by a public health official for the general health and safety of the public, and I was asked by my employer, a medical doctor, a nurse		15. Does your place of employment offer compensation for your loss of income due to your being unable to work as a result of having contracted SARS in the course of employment or of maybe having been exposed to SARS in the course of employment in a recognized health care setting Yes _____ No _____	

APPLICATION FOR SARS GRANT INITIATIVE

or another similar person in authority to place myself under quarantine _____ Dates of quarantine or isolation: _____ Dates of which you missed work: _____	
---	--

PART 4 - EMPLOYMENT INFORMATION

16. EMPLOYER NAME (or name operating under if self-employed)	17. NAME OF CONTACT PERSON (if self-employed, provide name of person who can verify the information provided in this application)	
18. STREET ADDRESS	19. LOCATION OF WORK	
20. CITY/TOWN	21. PROVINCE/TERRITORY	22. POSTAL CODE
23. E-MAIL ADDRESS	24. AREA CODE / TEL. NO	25. AREA CODE / FAX NUMBER
26. NORMAL AVERAGE WEEKLY HOURS OF WORK	27. STATUS: FULL-TIME: PART-TIME: <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	
28. Type of Business		
30. FOR NON-SELF EMPLOYED APPLICANTS ONLY. PLEASE ESTIMATE AMOUNT OF HOURS WORKED IN THE LAST 52 WEEKS (If you have more than 600 Hours in the last 52 weeks, you must apply for Employment Insurance Benefits before submitting this grant application)		
<input type="checkbox"/> Less than 600 hours worked in the last 52 weeks (average less than 11 hours per week) <input type="checkbox"/> More than 600 but less than 900 hours worked in the last 52 weeks (average between 11 and 17 hours per week) <input type="checkbox"/> More than 900 hours worked in the last 52 weeks (average more than 17 hours per week)		

PART 3 – DECLARATION

I DECLARE THAT:

I AM NOT ELIGIBLE TO RECEIVE BENEFITS FROM EMPLOYMENT INSURANCE OR FROM OTHER SOURCES FOR THE PERIOD FOR WHICH I WAS UNABLE TO WORK DUE TO SARS;

I HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED IN THIS APPLICATION PACKAGE;

THE INFORMATION I HAVE PROVIDED TO HUMAN RESOURCES DEVELOPMENT CANADA IN THIS APPLICATION AND SUPPORTING DOCUMENTATION IS TRUE, ACCURATE AND COMPLETE IN EVERY RESPECT;

IF THE INFORMATION DESCRIBED ABOVE IS FALSE OR MISLEADING, I MAY BE REQUIRED TO REPAY SOME OR ALL OF THE FINANCIAL ASSISTANCE THAT MAY BE APPROVED BY HUMAN RESOURCES DEVELOPMENT CANADA.

The information you provide is collected under the authority of *the Department of Human Resources Development Act* to provide income relief in the form of a grant to workers who deliver or assist in the delivery of health care services and who contracted SARS or were quarantined and suffered a loss of employment income and do not qualify for Employment Insurance Benefits. Completion is voluntary; however, failure to complete this form will result in you not being considered for the above stated income relief. The information you provide may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of HRDC may be linked.

The information you have provided may be shared with the employer(s) or contact person you provide in order to determine if you qualify for a grant under the SARS initiative.

SIGNATURE: _____ DATE: _____

Your personal information is administered in accordance with the *Human Resources Development Act* and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. Instructions for obtaining this information are outlined in the government publication, entitled Info Source, a copy of which is located at all Human Resources Centres. Info Source is also available at the following web site address, <http://infosource.gc.ca>.

PART 4 – RECOMMENDATION

(TO BE COMPLETED BY HRDC OFFICIAL)

THE ABOVE APPLICATION FOR THE SARS GRANT INITIATIVE IS:

APPROVED NOT APPROVED

RECOMMENDATION RATIONALE

APPLICATION FOR SARS GRANT INITIATIVE

PERIOD FOR WHICH CLIENT IS APPROVED	
SIGNATURE OF HRDC OFFICER	DATE

ATTACHED DOCUMENTATION REQUIRED (TO BE COMPLETED BY HRDC OFFICIAL)

- IF THE CLIENT IS DIAGNOSED WITH SARS, A CERTIFICATE FROM A MEDICAL PROFESSIONAL TO VERIFY THE ILLNESS AND WHICH IDENTIFIES THE DATE OF EXPECTED RETURN TO WORK.
- A STATEMENT FROM THE EMPLOYER OR A CONTACT PERSON IN THE CASE OF SELF-EMPLOYED APPLICANTS WHICH VERIFIES
 - THAT THE EMPLOYMENT IS IN A RECOGNIZED HEALTH CARE SETTING, AND
 - THE REASON THE APPLICANT WAS UNABLE TO WORK, AND
 - WHICH DATES THE APPLICANT WAS UNABLE TO WORK, AND
 - THE APPLICANT NOTIFIED THEIR EMPLOYER OF THEIR VOLUNTARY ISOLATION (IF APPLICABLE)
- A COPY OF THE "AUTHORIZATION TO DISCLOSE AND COLLECT INFORMATION"