

**THE C.E.F. IS A FUND OF LAST RESORT  
FOR THE COMMUNITY...BY THE COMMUNITY**



**SELF-REFERRALS WILL NOT BE CONSIDERED!**

**Please do not direct any clients to contact us themselves.**

**ONLY FRONTLINE WORKERS MAY APPLY TO THE  
FUND ON BEHALF OF CLIENTS**

**CONTACT: Emergency Response Coordinator  
(705) 675-3894 x 1501  
cef@spcsudbury.ca**



socialplanningcouncil  
of Sudbury

conseil de planification sociale  
de Sudbury

**Social Planning Council of Sudbury  
30 Ste. Anne Rd Sudbury ON P3C 5E1**

**CRITERIA DEVELOPED BY THE C.E.F. STEERING COMMITTEE  
LAST REVISION: December 2016**

**NOTE: The steering committee reserves the right to make changes to the criteria without notice.  
Please read basic guidelines on page 3 before proceeding.**

**AVAILABLE ONLY TO PERMANENT RESIDENTS OF  
THE CITY OF GREATER SUDBURY**

REQUESTS WILL NOT BE CONSIDERED  
**UNLESS ALL OTHER RESOURCES HAVE BEEN EXHAUSTED**  
(Either by the client, or in conjunction with frontline worker)

**SEE BASIC GUIDELINES (PAGE 3)  
BEFORE PROCEEDING**

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# BASIC GUIDELINES

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1. **DO NOT DIVULGE THE SOCIAL PLANNING COUNCIL OF SUDBURY'S CONTACT INFORMATION TO YOUR CLIENT UNLESS OTHERWISE SPECIFIED.**
2. REQUESTS MUST COME DIRECTLY FROM COMMUNITY FRONTLINE WORKERS ON BEHALF OF CLIENTS.
3. DO NOT RELEASE THIS DOCUMENT TO THE PUBLIC (UNLESS PRIOR CONSENT IS RECEIVED BY THE OFFICE OF EMERGENCY RESPONSE AT THE SOCIAL PLANNING COUNCIL OF SUDBURY. IT IS INTENDED FOR FRONTLINE WORKERS ONLY.
4. THE CEF IS A FUND OF LAST RESORT – ALL OTHER RESOURCES MUST BE EXHAUSTED (INCLUDING COMMUNITY START UP AND/OR DISCRETIONARY BENEFITS AT THE ONTARIO WORKS LEVEL (OW/ODSP) FOR CLIENTS RECEIVING SOCIAL ASSISTANCE).
5. THE INTENT OF THE COMMUNITY EMERGENCY FUND IS TO HELP FILL SOME OF THE GAPS THAT EXIST IN OUR COMMUNITY REGARDING BASIC SURVIVAL NEEDS.
6. IF CLIENT IS MAKING LOAN PAYMENTS THAT DO NOT AFFECT THEIR BASIC LIVING NEEDS, THE CEF CANNOT BE EXPECTED TO OFFER A FINANCIAL SUPPLEMENT TO ASSIST WITH BASIC NEEDS SUCH AS GROCERIES, HEATING, HYDRO, RENT ARREARS, ETC. IT IS IN THE CLIENT'S BEST INTEREST TO COVER HIS/HER BASIC NEEDS BEFORE MAKING LOAN PAYMENTS IN FEAR THAT IT WILL BE SENT TO A COLLECTION AGENCY (UNLESS THE LOAN IS DIRECTLY ASSOCIATED WITH THEIR BASIC LIVING NEEDS).
7. WHEN COMPLETING THE APPLICATION FORM, BE AS SPECIFIC AS POSSIBLE AND CLEARLY INDICATE ALL RESOURCES ACCESSED, CONTACT PERSONS AND RESULTS.
8. ALL REQUESTS MUST BE ACCOMPANIED BY THE FINANCIAL ASSESSMENT WORKSHEET PROVIDED (P.4).
9. AS PART OF THEIR CONTINGENCY PLAN, CLIENTS ARE REQUIRED TO OBTAIN BUDGET COUNSELING PRIOR TO FUNDING APPROVAL. EXCEPTIONS WILL APPLY WHERE BUDGETTING SKILLS ARE CLEARLY NOT A DETERMINING FACTOR IN THE CLIENT'S EMERGENCY SITUATION OR WHERE TIME CONSTRAINTS ARE A RISK FACTOR (TO BE ASSESSED ON AN INDIVIDUAL BASIS).
10. WE RESERVE THE RIGHT TO DENY A REQUEST BASED ON THE CLIENT'S BUDGET SUMMARY PROVIDED BY THE BUDGET COUNSELLORS AT SUDBURY COMMUNITY SERVICE CENTRE.
11. WE RESERVE THE RIGHT TO DENY A REQUEST IF A CLIENT HAS RECEIVED ASSISTANCE FROM THE FUND IN THE PAST AND HAS NOT ADHERED TO THE CONTINGENCY PLAN OUTLINE D IN THE ORIGINAL REQUEST.
12. WE RESERVE THE RIGHT TO DENY A REQUEST IF THE APPLICANT'S MONTHLY BASIC LIVING EXPENSES EXCEED THEIR MONTHLY INCOME.
13. AVAILABLE ONLY TO PERMANENT RESIDENTS OF THE CITY OF GREATER SUDBURY. PLEASE SEE MAP ON LAST PAGE.
14. CONSIDERATION MUST BE GIVEN TO AMOUNT OF DOLLARS AVAILABLE IN THE FUND AT THE TIME OF REQUEST.
15. REFER TO THE MAXIMUM DISBURSEMENT SCALE (PAGE 5) FOR RENT AND UTILITY REQUESTS.
16. REQUESTS FOR HEATING ARREARS WILL NOT BE CONSIDERED FROM JUNE 1<sup>ST</sup> TO SEPTEMBER 30<sup>TH</sup>.
17. ONE TIME ASSISTANCE ONLY PER PERSON PER YEAR. SOME EXCEPTIONS MAY APPLY.
18. IF A REQUISITION HAS NOT BEEN RESOLVED WITHIN ONE MONTH (OF THE DATE REGISTERED ON THE INITIAL REQUEST FORM), THE CLIENT'S EMERGENCY SITUATION MUST BE RE-ASSESSED BY THE FRONTLINE WORKER, AND A NEW REQUEST FORM MUST BE SUBMITTED.
19. IN SOME CASES, IT MAY BE NECESSARY FOR THE COMMUNITY EMERGENCY FUND STEERING COMMITTEE TO BE INVOLVED IN A FINAL DECISION. IN SUCH INSTANCES, AT LEAST 2 MEMBERS OF THE COMMITTEE MUST AGREE BEFORE PROCEEDING; THIS EXCLUDES CENTRE DE SANTÉ COMMUNAUTAIRE DU GRAND SUDBURY STAFF.
20. THE CEF STEERING COMMITTEE RESERVES THE RIGHT TO MAKE AMMENDMENTS TO THE CRITERIA WITHOUT NOTICE, IN ORDER TO ADAPT TO THE CONSTANT CHANGE OF NEEDS AND RESOURCES IN THE COMMUNITY.

**ALL AGENCIES MUST SUBMIT THIS FORM IN ORDER FOR THEIR REQUEST TO BE CONSIDERED.**

Exceptions: Ontario Works, Ontario Disability Support Program, Red Cross and Salvation Army Community & Family Services.  
 These agencies may use their in-house financial assessment form.

**FINANCIAL WORKSHEET - MONTHLY INCOME VS. EXPENSES**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

**INCOME**

Wages- Employed by: _____	\$
EI (Employment Insurance)	
CPP (Canada Pension Plan)	
OAS (Old Age Security)	
Pension: _____	
OW (Ontario Works)	
ODSP (Ontario Disability Support Program)	
WSIB (Workplace Safety & Insurance Brd)	
CICB (Criminal Injuries Compensation Brd)	
Child Support	
CCTB/NCBS (Canada Child Tax Credit/National Child Benefit Supplement)	
CCS (Child Care Supplement - working families, children under 7 yrs)	
GST/HST Credit (quarterly)	
Spousal Support	
Personal Insurance Benefits	
OSAP (Ontario Student Loan Plan)	
CSLP (Canada Student Loan Plan)	
Post-Secondary Funding (Band)	
Other:	
Subtotal	

**LIVING EXPENSES**

Food	
Transportation	
Car payment: lease / own	
Insurance:	
-Auto	
-Life	
-Other	
Medical/Doctor	
Prescription Drugs	
Dental	
Clothing	
Laundry	
Other:	
Other:	
Subtotal	

**HOUSING EXPENSES**

Rent: *Subsidized unit? _____yes _____no *Has applied for subsidy _____yes _____no *Will be applying? _____yes _____no	\$
First Mortgage	
Second Mortgage	
Property Taxes	
House Insurance	
Telephone and/or Cell	
Heat – Gas / Oil / Wood / Electric	
Hydro	
Water/Sewer	
TV – Cable / Satellite	
Internet	
Other:	
Other:	
Other:	
Subtotal	

**MISC/PERSONAL EXPENSES**

Child Support	
Spousal Support	
Student Loan	
Credit Card(s):	
Other:	
Other:	
Subtotal	

**SUMMARY OF FUNDS AVAILABLE**

NET INCOME (ALL SOURCES)		\$
Housing Subtotal	\$	

Living Subtotal	\$	
Personal Subtotal	\$	
<b>TOTAL</b>	\$	
LESS TOTAL EXPENSES		
<b>FUNDS AVAILABLE:</b>	\$	<b>Plus or Minus?</b>

## MAXIMUM DISBURSEMENT FOR RENT & UTILITIES

Maximum disbursements upon approval of request

<b>Max. Utility</b> (heat, hydro and/or water combined)	<b>Max. Rent</b>
\$300.00	\$350.00

## BEDS/APPLIANCES:

Refer client to Salvation Army Community & Family Services (634 Notre Dame, 566-8151), St. Vincent de Paul (897-1212) and Habitat for Humanity Restore (450 Notre Dame, 669-0624) before making a request from this section.

**TIPS:** Classified Ads (Bargain Hunter/Northern Life/Sudbury Star/Valley Vision) are excellent resources for locating the items listed below at fair prices. Clients may also place a free ad in the Bargain Hunter (525-2055) in the WANTED TO PURCHASE section. There is also a section named FREE ITEMS TO GIVE AWAY. This magazine is available every Wednesday at most grocery and convenient stores.

**NOTE:** Occasionally, private sellers are willing to deliver the item to the buyer's home at no charge, or for a small delivery fee. The CEF will consider transportation costs for large items (see TRANSPORTATION, page 20).

Items that **may** qualify:

- ✓ **Bed**
- ✓ **Fridge** (refer to maximums below)
- ✓ **Stove** (refer to maximums below)
- ✓ **Cooking essentials**, ie. pots, pans, utensils (these items are usually available through St. Vincent de Paul or Salvation Army)

**ONTARIO WORKS AND ODSP CLIENTS MAY BE ELIGIBLE FOR BEDS FOR THEMSELVES OR THEIR CHILDREN AND/OR FRIDGE, STOVE, WASHING MACHINE AND DRYER. REFER CLIENT TO OW/ODSP WORKER.**

### Legal matters involving personal possessions!

It is necessary that the Office of Emergency Response be informed of the reason why the client is in need of furniture or appliances. In some cases, it may be possible for the client to recover some of their belongings through informal steps or legal proceedings. Refer to **Sudbury Community Legal Clinic @ 674-3200**.

- Items approved must be second-hand sellers only.
- Frontline worker **must** obtain confirmation (verbal or written) from landlord that appliances are **not** included.
- A minimum of 2 INTENT TO SELL letters must be provided and must include the following:
  1. Item for sale
  2. Price quote
  3. Seller's name/address/telephone
  4. Signature of seller
  5. Delivery fee, if applicable (see TRANSPORTATION, page 20).
- Cheque will be mailed to client's home (payable to seller).
- Transportation to view fridge/stove/bed **may** be available (see TRANSPORTATION, page 20).

ITEM	MAXIMUMS
Bed (includes frame, box spring & mattress)	\$50.00 (per child or adult, any size)
Fridge (older)	\$150.00 (if hydro <u>is</u> included in rent)
Fridge (newer)	\$200.00 (if hydro is <u>not</u> included in rent)
Stove	\$75.00
Pots/pans/utensils	\$25.00

**BEDS/APPLIANCES CHECKLIST (review before submitting request form):**

- ❑ I have reviewed the basic guidelines on page 3.
- ❑ I have attached a copy of my client's financial analysis - see page 4.
- ❑ My client is a permanent resident of the City of Greater Sudbury.
- ❑ My client has been informed that she/he can receive professional advice from the Sudbury Community Legal Clinic in terms of recovering her/his personal possessions where separation/divorce is concerned.
- ❑ I have ensured that there are no other options available to my client to obtain a fridge/stove/bed/cooking needs.
- ❑ The landlord has confirmed (verbal or written) that the appliances are not included.
- ❑ Fridge (newer- \$200 max): I have confirmed with the landlord that the hydro is **not included** in rent.
- ❑ Bed: I have advocated on my client's behalf with other agencies that may have a bed to donate or sell at a very low price, such as the Jarrett Centre (525-5100), Salvation Army (566-8151) and St. Vincent de Paul (897-1212).
- ❑ My client has obtained an 'INTENT TO SELL' letter (from a **private** seller), which I will fax along with the request form (see previous page for requirements of letter).
- ❑ If seller is delivering: Delivery charge requested by seller is clearly stated on the INTENT TO SELL letter.
- ❑ If seller is not delivering: There is an alternative plan in place for delivery, which I have outlined in the request form.
- ❑ Included is my client's Consent to Disclose Information form.



## **BIRTH CERTIFICATES**

Will only assist **if basic survival needs are at risk** because:

1. Client is not registered in this province and/or;
2. Client requires original birth certificate in order to qualify for government services (health or social).

### **How it works:**

First time birth certificate for all ages is \$25

Replacement birth certificated for all ages is \$35 (also referred to as “wallet size” or “short form”)

If a certified copy is required, the first time certified copy for all ages is \$35 (also referred to as “long form”)

Replacement certified copy for all ages is \$45

Delayed birth registration packages are \$50 (payable to CGS). However, these cannot be obtained without first applying for a certified copy (\$35 – payable to Minister of Finance).

### **BIRTH CERTIFICATE CHECKLIST (review before submitting request form):**

- I have reviewed the basic guidelines on page 3.
- I have attached a copy of my client’s financial analysis - see page 4.
- My client is a permanent resident of the City of Greater Sudbury.
- My client’s basic survival needs are at risk if certificate is not obtained.
- My client has attempted to secure funds from other sources (friends/family/church groups, etc). I have indicated this on the request form.
- I have contacted Vital Statistics, City of Greater Sudbury (671-2489) to find out which documents are needed; this information is indicated on the request form.
- I have ensured that all other resources have been exhausted (see request form).
- Attached is my client’s consent form.

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### **CLOTHING:**

The CEF does not cover clothing allowances.

Women/girls: Contact the Sudbury Women’s Centre des femmes @ 673-1916

Men/boys: Contact the Elgin St Mission @ 673-2163

Winter coats/socks: Contact the Community Outreach Program @ 665-1502

### **EMPLOYMENT START-UP**

OW and ODSP clients may be eligible for an employment start-up clothing allowance. Refer client to worker.

### **CLOTHING DEPOT**

1960 Paris Street (formerly Rumball Terrace)

Tuesdays 1:00 pm – 4:00 pm

Thursdays 10:00 am – 3:00 pm (closed for lunch 12-1)

### **SUDBURY WOMEN’S CENTRE DES FEMMES DE SUDBURY**

Call for more information on their Clothing Giveaway Program @ 673-1916

## DENTAL

If client is experiencing an emergency where pain is concerned, the following forms of treatment will be considered, up to a total maximum of \$500:

- 1.Extractions / Fillings (shall not exceed \$150)
- 2.Pain medication (shall not exceed \$50)
- 3.Antibiotic (shall not exceed \$50)
- 4.X-Ray (shall not exceed \$50)
- 5.Emergency Exam (shall not exceed \$50)
- 6.Orthodontics/Dentures (shall not exceed \$250)

**NOTE: If the cost of treatment exceeds \$300 and the dentist is willing to accept a payment schedule, the CEF can make a contribution toward the first payment (max \$300). Prior to releasing payment, a copy of the agreement must be provided.**

**TIP:** Collège Boréal (560-6673, ext 6021) and Cambrian College (566-8101, ext 7366) offer free dental cleaning at their dental clinics.

**CHILDREN 17 AND UNDER:** Some dental services (basic care) are available for children 17 and under through the Sudbury & District Health Unit CINOT program (Children in need of treatment at 522-9200, ext 236).

### DENTAL CHECKLIST (review before submitting request form):

- I have reviewed the basic guidelines on page 3.
- I have attached a copy of the financial analysis - see page 4.
- My client is a permanent resident of the City of Greater Sudbury.
- My client is 18 years of age or over. (Clients 17 and under – contact the Sudbury and District Health Unit at 522-9200, ext. 236).
- My client has attempted to secure funds from other sources (OW/ODSP, NIHB, friends/family/church groups, etc). I have indicated this on the request form.
- I have obtained a copy of the quote and/or payment schedule agreement between client and dentist. It is being faxed along with request form.
- Pain medication and/or antibiotic – shall not exceed \$50 each (see PRESCRIPTIONS checklist for more information, page 16).
- I have ensured that all other resources have been exhausted and I have indicated these findings on the request form.
- Included is my client's Consent to Disclose Information form.

## EYE CARE

**Gift of Sight Program**, administered by the Salvation Army Community & Family Services  
634 Notre Dame, 566-8151.

Eye exams and glasses are offered to low income clients of any age who do not qualify through Ontario Works, Ontario Disability, or Ontario Health Plan.

Clients can be referred to the Salvation Army where they must qualify for this assistance.

## **DISCRETIONARY**

### **DEBTS:**

Repayment of debts (personal or other) **will not** be considered. If client is making loan payments that do not affect their basic living needs, the CEF cannot be expected to offer a financial supplement to assist with basic needs such as groceries, heating, hydro, rent arrears, etc. It is in the client's best interest to cover his/her basic needs before making loan payments in fear that it will be sent to a collection agency (unless the loan is directly associated with their basic living needs).

### **LOST OR STOLEN MONIES:**

The Community Emergency Fund **will not** consider any emergency requests asking to replace lost or stolen money, however workers may request items such as rent, food, utilities, etc. that the client is unable to pay because of stolen money.

### **MEDICAL EQUIPMENT:**

Consideration will be given for a supplement toward the purchase or rental of medical equipment for **emergency needs only**, to a maximum of \$200 after all other resources have been exhausted. Outstanding balance must be covered in full before the C.E.F. will consider the application. For example, if total funding required is \$800, the client must have proof that he/she has secured \$600. Also required is a copy of the purchase/order form. Call for more information. Does not include vision wear or dentures.

Quotes for medical equipment are available by calling:

Medichair: 525-7442

Shoppers Home Health Care: 560-5190

SEE ALSO Assistive Devices Program (ADP) information (page 29).

### **ST. ALBERT'S CONTINUING EDUCATION:**

*May* be able to assist with book deposit fee if all other resources have been exhausted, up to \$40, depending on level of emergency – exceptional circumstances only. If approved, fee will be payable to St. Albert's Continuing Education. Fee will be reimbursed directly to Community Emergency Fund by St. Albert's upon return of text book(s) once course is completed. All other resources must be exhausted, including other social service providers, family, friends, church and social clubs, etc.

### **TELEPHONE:**

Special circumstances only, ie. emergencies that could potentially put a person's life at risk. If approved, specific guidelines and maximums apply. Please call for more information. In cases of domestic violence, please contact the Support Link program at 522-6970 (VCARS).

**FOOD: See Food Bank Listings, page 34**

**STEP 1:**

- Client must have exhausted food bank allowance for that month (or period of eligibility at her/his local food bank). Front-line worker is required to confirm this with the food bank in question.

**STEP 2:**

- An attempt should be made by the frontline worker to secure **additional food from a food bank** on behalf of his/her client prior to requesting support from the C.E.F. Food bank personnel are generally very receptive to written or verbal requests from agency workers, depending on availability of food at time of request.
- If client is still at risk after being assisted by food **bank twice during the same period** of food bank allowance, the scale below will apply:

<b>If approved, amount granted will be determined on a per person/per day basis for a *maximum of three (3) days.</b>		
Family of (1) one (single person)	max. X 3 days =	\$50.00
Family of (2) two	max. X 3 days =	\$55.00
Family of (3) three	max. X 3 days =	\$65.00
Family of (4) four	max. X 3 days =	\$70.00
Family of (5) five	max. X 3 days =	\$85.00
Family of (6) six	max. X 3 days =	\$90.00
Family of (7) seven	max. X 3 days =	\$100.00
Family of (8) eight	max. X 3 days =	\$120.00

**\*Based on Salvation Army's daily maximums.**  
Only under 'extenuating circumstances' will additional days be considered at the discretion of the Office of Emergency Response.

**NOTE:** OW and ODSP clients **may** be eligible for a dietary supplement allowance, including pregnancy supplement. Proper documentation must be provided to worker.

- Those requiring a **special diet** (diabetics, Hep C clients, etc.) will be assessed on an individual basis. A doctor's note **MUST** be provided.
- Food vouchers from **FOOD BASICS** (*Notre Dame, Lasalle or Hanmer locations*), and **Dumas YIG** (*Lorne St. location*) will be provided and do not include the purchase of tobacco, pharmacy, or other non-food items.
- Food vouchers are generally ready for pick-up on same day by client at preferred Food Basics location. Proper identification is required when claiming vouchers at courtesy desk.

**BABY FORMULA:**

Refer clients to Infant Food Banks:

- ✓ Pregnancy Care Centre, new location: 430 Notre Dame Avenue, Suite 200
- ✓ Our Children, Our Future, 677-0440

**FOOD REQUEST CHECKLIST (review before submitting request form):**

- I have reviewed the basic guidelines on page 3.
- I have attached a copy of the completed financial analysis - see page 4.
- My client is a permanent resident of the City of Greater Sudbury.
- OW and ODSP clients: I have confirmed my client's eligibility/non-eligibility for a dietary supplement through social services.
- My client has accessed the food bank this month.
- I have confirmed this with the food bank in question.
- I have contacted the food bank to request **additional** food for my client for this particular month (same applies for Infant Food Bank through Our Children, Our Future).
- The food bank is unable to assist my client a second time this month therefore I am requesting food vouchers.
- I have indicated which grocery store my client would like to access.
- Included is my client's Consent to Disclose Information form.

## MOVING:

1. Client **MUST** be a permanent resident of the City of Greater Sudbury.
2. Relocation outside of the City of Greater Sudbury will **NOT** be considered.
3. Maximum \$250
4. A list of all items being moved must be provided (ex. fridge/stove, bedroom set...etc)
5. Moving companies will **NOT** be considered. All labour is to be provided via the Sudbury Action Centre's employment program.

MOVING EXPENSES FOR CLIENTS MOVING **TO** or **FROM** OUR COMMUNITY WILL **NOT** BE CONSIDERED. THIS IS SOLELY FOR CLIENTS WITHIN OUR COMMUNITY WHO ARE IN NEED OF EMERGENCY ASSISTANCE AND MOVING **WITHIN** THE CITY OF GREATER SUDBURY AREA ONLY FOR ONE OR MORE OF THE FOLLOWING REASONS:

- Evictions involving children.  
Proof required: Official Notice of Eviction.
- Leaving an abusive situation.  
Proof required: Must be documented by appropriate agency that is aware of client's status, such as Victim Services or any other agency working closely with client.
- Personal safety is at risk.  
Proof required: Must be documented by appropriate agency that is aware of client's status, such as Victim Services or any other agency working closely with client.
- Health & Safety reasons.  
Proof required: Must be documented by appropriate agency such as a certified health inspector.
- Medical or mental health is at "high-risk".  
Proof required: Must be documented by physician.
- Relocating to housing that is considerably less expensive than present housing. Client must be saving a total of **more than \$50** per month.  
Proof required: Intent to rent letter indicating monthly rent and utility costs of new location, as well as rent receipts from previous indicating monthly rent and utility costs.
- Other reasons **may** be considered but must be approved by the steering committee.

**\*\*\*A LIST OF ALL CONTENTS TO BE MOVED IS REQUIRED  
BEFORE REQUEST CAN BE CONSIDERED\*\*\***

**NOTE:** Except in extenuating or special circumstances, all moves must be conducted on **weekdays** due to the following:

1. U-Haul fees are more expensive on weekends.
2. Labour may be available from the Sudbury Action Centre for Youth Employment Program on weekends if arrangements are made ahead of time (before Thurs.)

## LABOUR FEES

- Labour applies **only** if client does not have help from family and friends.
- In some cases, only U-Haul fees will be necessary.

- If client requires assistance with labour, the frontline worker is required to contact the Sudbury Action Centre for Youth Employment Program (673-4396) to request help and/or make arrangements via its 'labour pool'. The Sudbury Action Centre for Youth will then invoice the C.E.F. Labour costs will be paid directly to the Sudbury Action Centre for Youth.
- Personal movers **will not** be considered **unless** the Sudbury Action Centre Employment Program is not able to provide movers for the required moving date.

 **Sudbury Action Centre, Employment Program, 673-4396, till 3 pm daily Mon-Fri**

**NOTE:** Clients are responsible for being "packed and ready to go" when the movers from the Sudbury Action Centre arrive. The movers are not paid to set up or assemble the furniture, etc. They are responsible **only for moving the contents** to the client's new residence.

### U-HAUL FEES

- Client is responsible for driving U-Haul vehicle. If client does not possess a valid driver's license, client is responsible for securing his/her own driver.
- In some cases, U-Haul requires a \$200 deposit. In such instances, the U-Haul contract must include a clause stating that the Community Emergency Fund will be reimbursed for the unused portion of the deposit upon return of U-Haul vehicle. Reimbursement cheque will be payable to Social Planning Council of Sudbury – CEF. This agreement is to be discussed/negotiated between U-haul manager and Office of Emergency Response personnel. This contract must be faxed before funds/deposit are released.
- **FYI:** Typical cost for one-day rental of 14' cube van, which can accommodate the contents of a 1-2 bedroom, is \$20-\$30 per day depending on what is available at time of request plus mileage and applicable taxes. Vehicles are rented between 8 am - 4 pm (local moves). Vehicles are fuelled to capacity at time of pick up and must be refuelled upon return of vehicle (see fuel costs). Mileage fees are more economical on weekdays (see note on previous page).
- Insurance is mandatory at **most** u-haul depots; driver must provide proof of insurance from his/her auto insurance company. If an insurance fee is required, the C.E.F. may cover it as part of the overall expense.

### FUEL COSTS

- Wherever possible, clients are encouraged to cover the cost of the fuel. Fuel cost is typically under \$20 for local moves. If client is not able to cover this cost, fuel may be supplied through Tony's (Petro-Canada) service station located at 287 Lorne Street (at Douglas). **Please advise client that there are 2 Petro-Can stations on Lorne! This one is at the Douglas/Lorne St. intersection.**

In order for the C.E.F. to cover the fuel cost, the following steps must be followed:

1. The client (or) the frontline worker must contact the U-Haul company to request the license plate number of the rented U-Haul vehicle.
2. The license plate number, the driver's full name AND the name of the client (if client is not the driver) must then be faxed to the Office of Emergency Response.
3. The Office of Emergency Response will then fax a letter of authorization to *Tony* or *Jim* at Tony's service station on the day the fuel will be purchased.
4. The C.E.F. will then be invoiced directly by Petro-Canada.

**NOTE:** OW and ODSP clients **may** be eligible for assistance regarding moving expenses. Refer client to his/her worker for more information.

**MOVING EXPENSE CHECKLIST (review before submitting request form):**

- I have reviewed the basic guidelines on page 3.
- I have attached a copy of the completed financial analysis - see page 4.
- I have attached a copy of the list of contents to be moved.
- My client is a permanent resident of the City of Greater Sudbury.
- My client clearly fits one of the criteria listed above.
- I have indicated this on the request form.
- I am aware that out-of-town moving expenses will not be considered.
- There are no other possible resources available to my client to cover, or partially contribute to, moving expenses.
- This is stated on the request form (resources accessed, dates & contact names).
- I have advised my client that he/she is responsible for driving the U-Haul vehicle.
- I have made arrangements for movers (labour) from the Sudbury Action Centre Employment Program.
- I have received **confirmation** that the Sudbury Action Centre has agreed to invoice the Office of Emergency Response for services rendered.
- Fuel (if applicable): Client/vehicle information required is being faxed to Office of Emergency Response and I have instructed my client where to access the fuel needed (see fuel section above).
- All required documents are being faxed along with request form.
- I have ensured that all other resources have been exhausted and I have indicated these findings on the request form.
- Included is my client's Consent to Disclose Information form.



## **PRESCRIPTIONS:**

- Does **NOT** include over-the-counter medications, ie. Tylenol, Gravol, allergy medications, etc.
- Critical emergency prescriptions only, ie. heart medications, blood pressure medications, etc.
- Client must have exhausted ‘samples’ from other sources, ie. doctor, clinic, health unit, hospital, nurse practitioner, etc.
- If applicable, medication must be of a ‘generic’ nature since these are generally more cost effective.
- Frontline worker can advocate on client’s behalf by contacting prescribing physician to secure samples or to seek a more cost efficient prescription.
- **2 week maximum** with possibility of 1 additional week until other resources have been secured.
- If client requires more than 2 weeks worth of meds or if this is a long-term need, it may be in the client’s best interest to apply for the Trillium Drug Program immediately (application forms available at any pharmacy). This plan generally takes effect within 2 weeks. Deductibles can be paid quarterly and are geared to family income (see TRILLIUM DRUG PROGRAM, page 24, or call 1-800-575-5386).
- Must provide a copy of prescription.
- Cheque payable directly to pharmacy.
- Clearly indicate pharmacy contact information on request form (pharmacy name, address and phone number, as well as a contact name, if any).
- The CSCGS often deals with Bradely Pharmacy (Notre Dame) 675-5693, Snow’s Pharmachoice, 673-2107 (Rainbow Centre) and Herman’s IDA Pharmacy, 674-3339 (Regent)

**NOTE:** Families with children under 18 who have stopped receiving Ontario Works benefits within the last 3 months can apply to have their **first annual** Trillium Drug Program deductible paid through a National Child Benefit (NCB) Grant. Please call Children’s Services at the City of Greater Sudbury 671-2489, ext 4313 for more information.

## **PRESCRIPTION CHECKLIST (review before submitting request form):**

- I have reviewed the basic guidelines on page 3.
- I have attached a copy of the completed financial analysis - see page 4.
- My client is a permanent resident of the City of Greater Sudbury.
- The medication required is of a critical nature.
- My client has attempted to secure samples from family doctor or other possible sources.
- I have advocated on my client’s behalf by contacting prescribing physician, re: samples or more cost effective prescription.
- I have advised my client to apply to Trillium Drug Benefits, if applicable (see TRILLIUM DRUG PROGRAM, page 24).
- I have advised my client (Ontario Works clients only) to request a Section 8 formulary from his/her physician.
- Copy of prescription to be faxed along with request form.
- I have ensured that all other resources have been exhausted and I have indicated these findings on the request form.
- Included is my client’s Consent to Disclose Information form.

## RENT/HOUSING:

- Client must have been served with a **VALID** Notice of Eviction from the TRIBUNAL. For more information, clients may attend the free legal clinic at the Sudbury Community Legal Clinic, 674-3200 on Mon/Wed/Fri from 8:30 a.m.- Noon, 128 Pine Street. This service is on a first come, first serve basis.
- All other resources must be exhausted, including Ontario Works, Ontario Disability Support Program, and Canadian Red Cross, etc.
- A copy of the notice must be submitted to the agency assisting the client. A copy of the notice will then be faxed to the Office of Emergency Response, as proof of impending eviction.
- Landlord's contact information must be provided to the front-line worker for confirmation that the notice is still in effect or to discuss payment arrangements on behalf of the client.
- Front-line worker must confirm/verify arrears with landlord prior to making request from the Community Emergency Fund.
- **Client cannot be over 3 months in rent arrears**; once a person is 3 months behind in rent, it is very difficult to catch up. At that point, it is probably in the client's best interest to seek more affordable housing and pay off the debt on a payment plan in agreement with the landlord.
- May be applied to first month's rent **only if** the landlord provides the frontline worker with a written statement (signed and dated by the landlord) that indicates that the funds will be applied to **FIRST** month's rent.
- Providing that the amount disbursed from the community fund will **guarantee** that the client will **not be evicted**, the following will apply:
  - 75% of rental arrears can be covered up to a maximum of (see maximum disbursements scale on page 4) or whichever is less
  - Receipt(s) indicating that the 25% balance has been paid **MUST** be submitted to the frontline worker before the 75% portion of the total arrears owing will be disbursed.
  - The 25% paid by client rule is strongly encouraged. \*\*\*Only in exceptional circumstances will it be waived\*\*\*
  - Cheque payable to landlord.

**RENT/HOUSING CHECKLIST (review before submitting request form):**

- I have reviewed the basic guidelines on page 3.
- I have attached a copy of the completed financial analysis - see page 4.
- My client is a permanent resident of the City of Greater Sudbury (see map)
- My client is **not** more than 3 months in arrears.
- It has been confirmed that all other resources have been exhausted, including Ontario Works, Ontario Disability Support Program and the Canadian Red Cross (if applicable), etc.
- My client has been served with an official Notice of Eviction from the Tribunal.
- I have provided my client with information on the free legal clinic (see details above).
- I have obtained a copy of the notice.
- I have confirmed arrears with landlord.
- I have contacted the landlord to discuss the possibility of payment arrangements on behalf of my client.
- First month's rent: I have obtained a letter from the landlord stating that funds will be applied to **first** month's rent.
- My client has paid the required 25% of balance owing to landlord.
- Receipt to be faxed.
- I have ensured that all other resources have been exhausted and I have indicated these findings on the request form.
- Included is my client's Consent to Disclose Information form.

## **STORAGE:**

**Extreme** emergency situations only such as:

- ✓ Evictions involving children. Proof required: Valid Notice of Eviction.
- ✓ Abusive situations. Proof required: Documented by professional or agency representing client.
- ✓ Medical or mental health is high-risk. Proof required: Must be documented by physician or mental health professional.

- **Local ONLY**

- 1 month maximum
- 2 quotes from local storage companies.
- Will not consider quotes from any other sources.

7.

**NOTE:** OW and ODSP clients **may** be eligible for assistance regarding storage expenses. Refer client to his/her worker for more information.

### **STORAGE CHECKLIST (review before submitting request form):**

- I have reviewed the basic guidelines on page 3.
- I have attached a copy of the completed financial analysis - see page 4.
- My client is a permanent resident of the City of Greater Sudbury.
- My client clearly fits one of the above criteria and I have indicated the reason for eligibility.
- Required documentation (proof/quotes) will be faxed along with request form.
- I have ensured that all other resources have been exhausted and I have indicated these findings on the request form.
- Included is my client's Consent to Disclose Information form

## TRANSPORTATION:

### **LOCAL** (Greater Sudbury Transit):

- **MEDICAL:** One (1) return trip to hospital or doctor's office per appointment. Proof required: Frontline worker **must** obtain verbal confirmation of appointment from doctor's office.
- **FOOD BANK ACCESS:** One (1) return trip to food bank. May be used in conjunction with approved vouchers at grocery store.
- **APARTMENT SEARCH-*single travelers only*:** Maximum of 2 apartment viewings (4 bus tickets) plus one additional ticket for return trip.
- **FRIDGE/STOVE/BED SEARCH-*single travelers only*:** see apartment search, same applies.
- **JOB SEARCH:** Refer clients to employment program agencies such as YMCA Employment Services (YES), Sudbury Vocational Resource Centre (Options/Job Connect), or \*Sudbury Action Centre for Youth. Once registered, clients **may** have access to transportation for the purpose of job searching. See \*Employment Reasons (next page) for OW and ODSP clients.

**NOTE:** OW and ODSP clients **may** be eligible for a transportation costs for the purpose of job searching or medical appointments. Specific criteria apply; refer client to his/her worker for more information.

**\*The Employment Program, at the Sudbury Action Centre, assists individuals who are willing and able to work, unemployed, and having a difficult time finding and/or keeping full-time employment. The Program links individuals with employers throughout the community to do a variety of jobs that could last a day or longer - sometimes leading to permanent part-time or full-time employment. Assistance with job search - job bank, resumes, cover letters, interviews, etc. is also available. Call Ken or Gerry (673-4396) for further details.**

### **OUT-OF-TOWN** (available only for permanent residents of the City of Greater Sudbury):

#### **MEDICAL REASONS:**

- Northern Travel Health Grant (NTHG): The Community Emergency Fund (CEF) is a registered third-party agency for the NTHG. In other words, if the Office of Emergency Response approves the request, the client **may** be eligible to receive an advance in the amount pre-approved by the NTHG office for a **single traveler only**. The emergency response office will contact the NTHG program directly to confirm the approved amount. The NTHG will reimburse the CEF directly. Where the amount of the grant exceeds the advance payment, the CEF will refund the difference to the patient. See page 26 for detailed information regarding NTHG eligibility criteria, as well as the steps your client must take to receive advance payment from the CEF (see page 28).

**NOTE:** Ontario Works clients **may** be eligible for the advance payment through OW or ODSP who are also a third party agencies. Refer client to his/her worker for more information.

## TRANSPORTATION (cont'd)

### \*EMPLOYMENT REASONS:

- Depending on eligibility, OW and ODSP clients must have accessed Employment Start-Up. Refer client to OW worker or ODSP representative.
- Interview out-of-town: Maximum allowable is \$50 per person.  
Proof required: Letter from interviewer on company letterhead stating time and place of interview from potential employer.
- Job start out-of-town: Maximum allowable is \$50 per person.  
Proof required: Letter from new employer on company letterhead stating the client's start date from potential employer.

### BEREAVEMENT REASONS:

- Transportation to funeral. Restrictions apply. Must be confirmed with funeral home. Contact Office of Emergency Response for more information.

### TRANSPORTATION CHECKLIST (review before submitting request form):

- I have reviewed the basic guidelines on page 3.
- I have attached a copy of the completed financial analysis - see page 4.
- My client is a permanent resident of the City of Greater Sudbury.
- MEDICAL APPOINTMENT: Verbal confirmation from doctor's office (with client's consent).
- FOOD BANK ACCESS/APARTMENT SEARCH OR FRIDGE/STOVE SEARCH: Valid need - thoroughly researched by frontline worker. See relating criteria regarding fridge/stove.
- JOB SEARCH: Client is aware that he/she must be a registered client and that specific criteria apply to those programs as well.
- TRAVEL GRANT: I have advised my client of the appropriate protocol to follow in order to access the travel grant funding (see ADVANCE PAYMENT PROTOCOL, page 28).
- EMPLOYMENT REASONS: Client's potential employer has provided confirmation of interview or start date. See criteria above.
- BEREAVEMENT: I have obtained proper confirmation from funeral service providers.
- Required documentation to be faxed along with request form.
- I have ensured that all other resources have been exhausted and I have indicated these findings on the request form.
- Included is my client's Consent to Disclose Information form.

## UTILITIES (heat/hydro/water):

### REQUESTS FOR HEATING ARREARS WILL NOT BE CONSIDERED FROM JUNE 1<sup>ST</sup> TO SEPTEMBER 30<sup>TH</sup>

- Requests for heating arrears will not be considered for heating arrears for the service period of June 1<sup>st</sup> to Sept. 30<sup>th</sup>.
- All other resources must be exhausted; including Ontario Works, Ontario Disability Support Program, and Canadian Red Cross, Client must have been served with an official Disconnection of Service notice.
- **HEATING ARREARS:** The client(s) must have made at least one payment in the past 3 months from the date indicated on the request form. Documented proof of payment required.
- **HYDRO/WATER ARREARS:** The client(s) must have made at least one payment in the past 3 months from the date indicated on the request form. Documented proof of payment required.
- For the CEF's purpose, the term arrears apply only to the 'Balance Forward That Is Past Due' and therefore, do not apply to 'New Charges'. Usually the 'past due' amount is what is causing the threat of disconnection. For clarification, a call to the utility company by the frontline worker requesting the minimum payment amount needed to avert disconnection will confirm the minimum payment required.
- In some instances, the front-line worker must have written permission from client to contact the utility company to confirm arrears or deposit amount required.
- Account must be in client's name (discretion may be exercised in exceptional circumstances).
- A copy of the notice indicating the date of disconnection must be submitted to both the agency assisting the client as well as the Office of Emergency Response, as proof of impending disconnection.
- Cheque payable to utility company.
- Note: Client and frontline worker are advised that once the client's service has been disconnected, it is usually not reinstated until all arrears and/or deposit fees are received by the utility company's 'collections department'. In some instances, this process could take several days. As well (in most cases) it takes 1-2 days before the utility company can physically have the service reinstated due to their work order policies and procedures.
- It is necessary for the client to devise (in consultation with his or her worker) and adhere to a contingency plan to avoid future threat of/or disconnection of basic need services such as heat, hydro or water, ie. seek a rental unit that includes heat and hydro if possible.

Provided that the amount disbursed from the CEF will **guarantee** that the client's service will either **not be disconnected** or will **be reinstated**, the following will apply:

- 75% of arrears or deposit can be covered up to a maximum of (see maximum disbursements scale on page 5), or whichever is less.
- Receipt(s) indicating that the 25% balance has been paid **MUST** be submitted to the frontline worker before the 75% portion of the total arrears owing will be disbursed.
- The 25% paid by client rule is strongly encouraged. \*\*\*Only in exceptional circumstances will it be waived\*\*\*

This maximum total is based on all utilities combined (heat/hydro/water).

**UTILITIES CHECKLIST (review before submitting request form):**

- I have reviewed the basic guidelines on page 3.
- I have attached a copy of the completed financial analysis - see page 4.
- My client is a permanent resident of the City of Greater Sudbury
- All other resources have been exhausted, including Ontario Works, Ontario Disability Support Program, Canadian Red Cross, and Emergency Energy Fund (if applicable).
- My client has been served with an official Notice of Disconnection.
- I have obtained a copy of the notice.
- I have confirmed arrears with utility company (Balance Forward That Is Past Due).
- My client has made a payment in the past \_\_\_\_ months, in accordance to the above criteria. Attached is proof of payment.
- I have contacted the utility company to discuss payment arrangements on behalf of the client, *if applicable*.
- My client has paid the required 25% of balance owing to the utility company.
- Required documentation, including receipt(s) to be faxed along with request form.
- I have ensured that all other resources have been exhausted and I have indicated these findings on the request form.
- Included is my client's Consent to Disclose Information form.



# **ONTARIO DRUG BENEFIT *FACTS***

## **TRILLIUM DRUG PROGRAM**

### **What is the Trillium Drug Program?**

The Trillium Drug Program helps people who have high drug costs in relation to their income. Once an application is approved, the program covers:

- over 3,100 quality-assured prescription drug products;
- over 300 limited-use drug products;
- some nutritional and diabetic testing products.

### **Who can apply?**

You can apply to the Trillium Drug Program if:

- your private insurance does not cover 100% of your prescription drug costs;
- you have valid Ontario Health Insurance (OHIP), and
- you are **not** eligible for drug coverage under the Ontario Drug Benefit (ODB) Program.

### **About the deductible:**

The program has a deductible that is based on income and family size. Each year starting August 1, you must pay your drug costs up to your deductible level before you are eligible for drug coverage. The program runs from August 1 of one year to July 31 of the following year.

On August 1, 1999, the annual up-front deductible previously paid by Trillium recipients changed to a deductible that is paid in four installments over the Trillium program year (August 1 to July 31 of the following year). For example, a family with an annual deductible of \$500, will pay \$125 for prescriptions purchased at the start of each quarter on August 1, November 1, February 1, and May 1. After the deductible is paid in each quarter, the family will receive benefits for that quarter, and may be asked to pay up to \$2 per prescription each time they purchase a covered drug product. Any unpaid deductible in a quarter will be added to the next quarter's deductible.

A prorated deductible for families who come into the program part way through the program year was also introduced. New applicants to Trillium can choose the date on which they wish to be enrolled in the program. The deductible they pay will be based on the number of days left in the program year. Please note that proration of the deductible will apply only for the first year that a family is enrolled in the program.

### **Drug Costs:**

Only certain drug costs count towards your Trillium deductible or as program benefits. Check with your pharmacist or health care provider to make sure your prescriptions are: listed in the ODB Formulary/Comparative Drug Index (Parts III and IX);

- on the Facilitated Access List of HIV/AIDS drugs (Part VI).

Requests for non-ODB drugs must be pre-approved by the ministry before the costs can count towards the Trillium deductible, or as program benefits.

## ONTARIO DRUG BENEFIT *FACTS* (con't)

### How to apply:

Trillium application kits are available at your local pharmacy or by calling the Ministry of Health and Long-Term Care at 1-800-268-1154, in Toronto 314-5518, TTY 1-800-387-5559.

**NOTE:** Families with children under 18 who have stopped receiving Ontario Works benefits in the last 3 months can apply to have their **first annual** Trillium Drug Program deductible paid through a National Child Benefit (NCB) Grant. Please call Children's Services at the City of Greater Sudbury 671-2489, ext 4279 for more information.

## OHIP FACTS

### NORTHERN HEALTH TRAVEL GRANT PROGRAM

#### What is the Northern Health Travel Grant (NHTG) Program?

Travel grants are funded by the Ministry of Health and Long-Term Care to help defray the transportation costs for eligible residents of Northern Ontario who must travel long distances within Ontario or to Manitoba to receive medically needed insured specialty services that are not available locally.

Effective November 1, 2001, approved travel grants are paid at 34.25 cents a kilometer based on return road distance between the patient's area of residence and the nearest medical specialist or health facility that can provide the service. There is a deductible of 100 kilometers on your trip. Travel grants do not cover all of your travel expenses but help to defray the overall cost of your transportation, meals, accommodation, etc.

#### Who can apply for a travel grant?

Residents of Northern Ontario who have been referred to the nearest physician specialist or health facility designated by the ministry by a northern practitioner. To be eligible, the one-way road distance must be at least 100 kilometers to the nearest physician specialist or facility in Ontario or Manitoba where the service can be provided.

#### Am I eligible for a travel grant?

You are eligible for a travel grant if:

- you live in the districts of Algoma, Cochrane, Kenora, Manitoulin, Muskoka, Nipissing, Parry Sound, Rainy River, Sudbury, Timiskaming or Thunder Bay
- you have a valid Ontario health card
- you are referred for specialty health care that is an insured service under the *Health Insurance Act*
- a northern physician, dentist, optometrist, chiropractor, midwife or nurse practitioner has referred you before the travel takes place
- you are referred to a medical specialist who is certified by The Royal College of Physicians and Surgeons of Canada, or to a designated health facility
- the nearest specialist/health facility in Ontario or Manitoba is at least 100 kilometres from your area of residence.

*Please note that you may be referred to any physician specialist, hospital or designated facility; however, the grant will be based on the distance to the nearest medical specialist who can provide the service, and not necessarily the one you went to visit. If it is necessary to travel to a physician specialist other than the nearest one, the referring practitioner **MUST** provide additional written information on your application, explaining why this was medically necessary.*

**Continued next page...**

### **Who is not eligible for a grant?**

You are not eligible for a travel grant if:

- The care is related to a Workplace Safety and Insurance Board claim
- Another government program, or organization pays for your travel
- Service is covered by an insurance company
- You travel round trip by ambulance
- Services are not provided by a certified medical specialist
- The nearest specialist is within 100 kilometres of your area of residence

### **Can a person who helps me travel apply for a grant?**

Yes, if you are under 16 years of age, or the referring practitioner has indicated on the travel grant application form that you require a companion for health or safety reasons, for example, if you are in a wheelchair or have Alzheimer's disease. If travel is by plane, train or bus, both you and the companion may receive a grant if you have both paid a fare. If the travel is by personal car, then you and your companion can apply for an equal share of one grant.

### **How do I apply for a travel grant?**

- The **Application for Northern Health Travel Grant (form 0327-88)** must be completed by you and the referring doctor, dentist, optometrist, chiropractor, midwife or nurse practitioner before you travel. Application forms can be obtained from them or your local Ministry of Health and Long-Term Care office (see below). Your traveling companion must also complete the appropriate sections. You must complete a form for each visit you make.
- The specialist you travel to see must complete his/her section of the form
- After your treatment, mail or take your application form to a Ministry of Health and Long-Term Care office indicated in the General Instructions section of the form. Include your **original** bus, rail or air travel receipts as well as those for any traveling companion. Do not send photocopies.
- Incomplete forms will be returned to you
- Applications must be received by the Ministry of Health and Long-Term Care within six months after your visit to the specialist

### **Sudbury Office:**

**199 Larch Street, Suite 801, Sudbury ON P3E 5R1**

**(705) 675-4010 or 1-800-461-4006**

## **ADVANCE PAYMENT PROTOCOL**

STEPS YOUR CLIENT MUST TAKE TO RECEIVE ADVANCE PAYMENT FROM THE CEF:

### **Step 1:**

Client must obtain Northern Health Travel Grant application that can be downloaded from the following website address: [www.gov.on.ca/health/english/forms/pdf/0327-88\\_.pdf](http://www.gov.on.ca/health/english/forms/pdf/0327-88_.pdf)

It may also be obtained from the referring doctor, dentist, optometrist, chiropractor, midwife or nurse practitioner.

You may also obtain it from:

Health and Long-Term Care Ministry office

199 Larch Street, Suite 801, Sudbury ON

Tel.: (705) 675-4010

Their hours are as follows:

**Monday, Tuesday, Wednesday, Friday**

8:30 am - 5:00 pm

**Thursday**

8:30 am - 6:30 pm

### **Step 2:**

Client completes Part 1 of the application.

### **Step 3:**

Referring physician completes Part 2.

### **Step 4:**

Third-party agency completes Part 3. Client must bring the form to Emergency Response Office to have it completed and signed by the Emergency Response Coordinator (Social Planning Council of Sudbury).

### **Step 5:**

Out-of-town Specialist completes Part 4. Client must bring form back to the Office of the Emergency Response after meeting with their out-of-town specialist.

### **Step 6:**

Upon return, client must then mail or take the application form to their local Health and Long-Term Care office. See address above. Package must include ORIGINAL TRAVEL RECEIPTS, as well as those for any traveling companion. Do not send photocopies.

**If all forms are properly completed, the Community Emergency Fund  
will be reimbursed directly within 6 months.**

## **ADP: ASSISTIVE DEVICES PROGRAM OVERVIEW - CALL TOLL FREE AT 1-800-268-6021**

### **OBJECTIVES**

The Assistive Devices Program (ADP) is administered by the Operational Support Branch of the Ontario Ministry of Health and Long-Term Care.

The objective of ADP is to financially assist Ontario residents with long-term physical disabilities to obtain basic, competitively priced, personalized assistive devices appropriate for the individual's needs and essential for independent living.

Devices covered by the program are intended to give people increased independence and control over their lives. They may allow them to avoid costly institutional settings and remain in a community living arrangement.

### **EQUIPMENT FUNDED BY ADP**

ADP covers over 8,000 separate pieces of equipment or supplies in the following categories: prostheses; wheelchairs/mobility aids and specialized seating systems; ostomy, and enteral feeding supplies; needles and syringes for insulin-dependent seniors; monitors and test strips for insulin-dependent diabetics (through agreement with the Canadian Diabetes Association); hearing aids; respiratory equipment; orthoses (braces, garments and pumps); visual and communication aids; oxygen and oxygen delivery equipment, such as concentrators, cylinders, liquid systems and related supplies, such as masks and tubing.

### **ELIGIBILITY**

Any Ontario resident who has a valid Ontario Health card issued in their name and has a physical disability of six months or longer. Equipment cannot be required exclusively for sports, work or school. Residents with a primary diagnosis of a learning or mental disability are excluded from ADP, as are those on Workers' Compensation. There are specific eligibility criteria, which apply to each device category.

### **ACCESSING ADP**

Initial access is often through a medical specialist or general practitioner who provides a diagnosis. In most device categories, an authorizer assesses the specific needs of the person and prescribes appropriate equipment or supplies. Finally, a vendor sells the equipment or supplies to the client.

In some device categories, such as adult hearing aids or prosthetic devices, the assessor is also the vendor.

### **AUTHORIZER**

A qualified health care professional registered with the program must authorize most devices. Registered authorizers work in hospitals; home care agencies or private practice.

### **VENDOR**

The program will only help pay for equipment that is purchased from vendors registered with the Assistive Devices Program.

### **FINANCIAL ASSISTANCE**

ADP pays up to 75 per cent of the cost of equipment, such as artificial limbs, orthopaedic braces, wheelchairs, breast prostheses and breathing aids. For others, such as hearing aids, the ADP contributes a fixed amount. With regard to supply items as ostomy and needles and syringes for seniors, the ADP pays an annual grant directly to the person. The home oxygen program, under ADP, pays 100 per cent of the cost of oxygen and related equipment for seniors and those on social assistance, home care or residing in a long-term care facility, and 75 per cent for all others.

In most cases, the client pays a share of the cost at time of purchase and the vendor bills ADP the balance.

## **ASSISTIVE DEVICES PROGRAM (cont'd)**

For ADP supply categories where grants are paid, the client pays 100 per cent of the cost to the vendor.

All ages are eligible for devices except the needles and syringes grant, which is restricted to insulin dependent seniors.

There are many sources of funding for the client's share of the cost including:

Clients, voluntary/charitable organizations e.g. March of Dimes, Easter Seals, Kiwanis, social assistance, insurance companies, relatives/friends.

### **CATEGORIES OF ASSISTIVE DEVICES COVERED BY THE MINISTRY OF HEALTH AND LONG-TERM CARE**

#### **Communication Devices**

- Adaptive peripherals
- Artificial larynges
- Communication boards
- Mounting systems
- Signalling aids
- Teletypewriters for the speech impaired
- Voice amplifiers
- Voice output devices
- Voice prostheses
- Writing aids

#### **Diabetic Supplies**

- Glucose monitoring equipment and related supplies for insulin users who do not have private coverage
- Needles and syringes for persons 65 or over who require insulin

#### **Enteral Feeding Equipment/Supplies**

- Feeding bags/containers/tubes
- Pumps

#### **Hearing Aids**

- Cochlear implant processors
- Hearing aids
- Personal FM systems
- Telecommunication devices for the deaf (TDDs/TTYs)

#### **Home Oxygen Program**

- Long-term oxygen and related equipment and supplies

**Orthotic Devices**

- Custom standers/standing frames
- Custom made leg and spinal braces
- Paediatric parapodiums
- Reciprocating gait orthoses

**Ostomy Supplies**

- Permanent ostomy supplies for colostomy, ileostomy and urostomy

**Pressure Modification Devices**

- Compression garments for primary and secondary lymphedema
- Pressure garments for hypertrophic scar management (i.e., burns)
- Sequential extremity pumps for primary lymphedema only

**Prosthetic Devices**

- Conventional body-powered leg and arm prostheses
- Electric and myoelectric arm prostheses
- External silicone breast prostheses
- Maxillofacial intraoral prostheses (palatal lifts, obturators, mandibular extensions)
- Maxillofacial extraoral prostheses (artificial noses, ears, orbits)
- Ocular prostheses (artificial eyes)

**Respiratory Supplies/Equipment**

- Apneal/heart rate monitors (rented only)
- Compressors
- Drainage boards
- Nasal CPAP (ADP-Registered Sleep Labs only)
- percussors
- Resuscitators
- Specified disposable supplies
- Suction machines
- Tracheotomy tubes
- Ventilator equipment



**Visual Aids**

- Brailers
- Computer hardware and specialized software
- Enlarging optical systems, (e.g. CCTVs)
- Magnifiers, telescopes, binoculars
- Non-prescription absorptive filters
- Optical character recognition (OCRs)
- Specialized glasses and contact lenses
- Specialized peripherals, (e.g. screen magnification, speech synthesis and braille keyboard)
- Spectacle-mounted low vision and field enhancement aids
- Standard orientation and mobility canes
- Variable speed tape recorders

**Wheelchairs, Positioning And Ambulation Aids**

- Manual wheelchairs, power wheelchairs and electric scooters
- Power add-on devices for manual wheelchairs
- Positioning devices (cushions, back and head supports, etc.)
- Dynamic positioning devices (power tilt and recline)
- Specialized canes (tripod, quad) and forearm crutches
- Wheeled walkers
- Specialized paediatric walkers, strollers, standers

**FOR MORE INFORMATION CALL TOLL FREE AT 1-800-268-6021**

**SUDBURY ACTION CENTRE**  
**EMPLOYMENT PROGRAM**

*The **Employment Program**, at the **Sudbury Action Centre**, assists individuals who are willing and able to work, unemployed, and having a difficult time finding and/or keeping full-time employment. The Program links individuals with employers throughout the community to do a variety of jobs that could last a day or longer - sometimes leading to permanent part-time or full-time employment. Assistance with job search - job bank, resumes, cover letters, interviews, etc. is also available.*

Call Gerry (673-4396) for further details.

**Sudbury Action Centre for Youth**

105 Elm Street  
Sudbury ON P3C 1T3

**EMPLOYMENT PROGRAM**

Hours: Mon-Fri 7 a.m. – 3 p.m.

Contact: Gerry or Ken

Ph: 673-4396

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**SUDBURY COMMUNITY SERVICE CENTRE**  
**BUDGET COUNSELLING**

**Free Budget Counselling** is available through the **Sudbury Community Service Centre**.

*The purpose of the credit counselling service offered at the Sudbury Community Service Center is to help families and individuals develop realistic and satisfying solutions to their indebtedness and money management problems. The service seeks to reduce the detrimental effects of over-indebtedness on clients and their families while assisting them to maintain or develop responsibility for their own financial affairs. See hours of operation below. Evening appointments may also be arranged.*

**Money Management Education:** To provide clients with counselling and practical assistance in such things as use of Consumer Credit, general budgeting, increasing awareness of spending patterns, identifying priorities and establishing financial goals.

**Remediation:** Assists clients in resolving their debt problems and achieve permanent improvements in their financial affairs.

**Personal Development:** To develop a capacity in the client to manage their own financial affairs in a responsible manner.

**Public Education:** To promote positive budgeting skills and responsible consumer behaviour to the general public through public speaking engagements and distribution of reading material.

**Sudbury Community Service Centre**

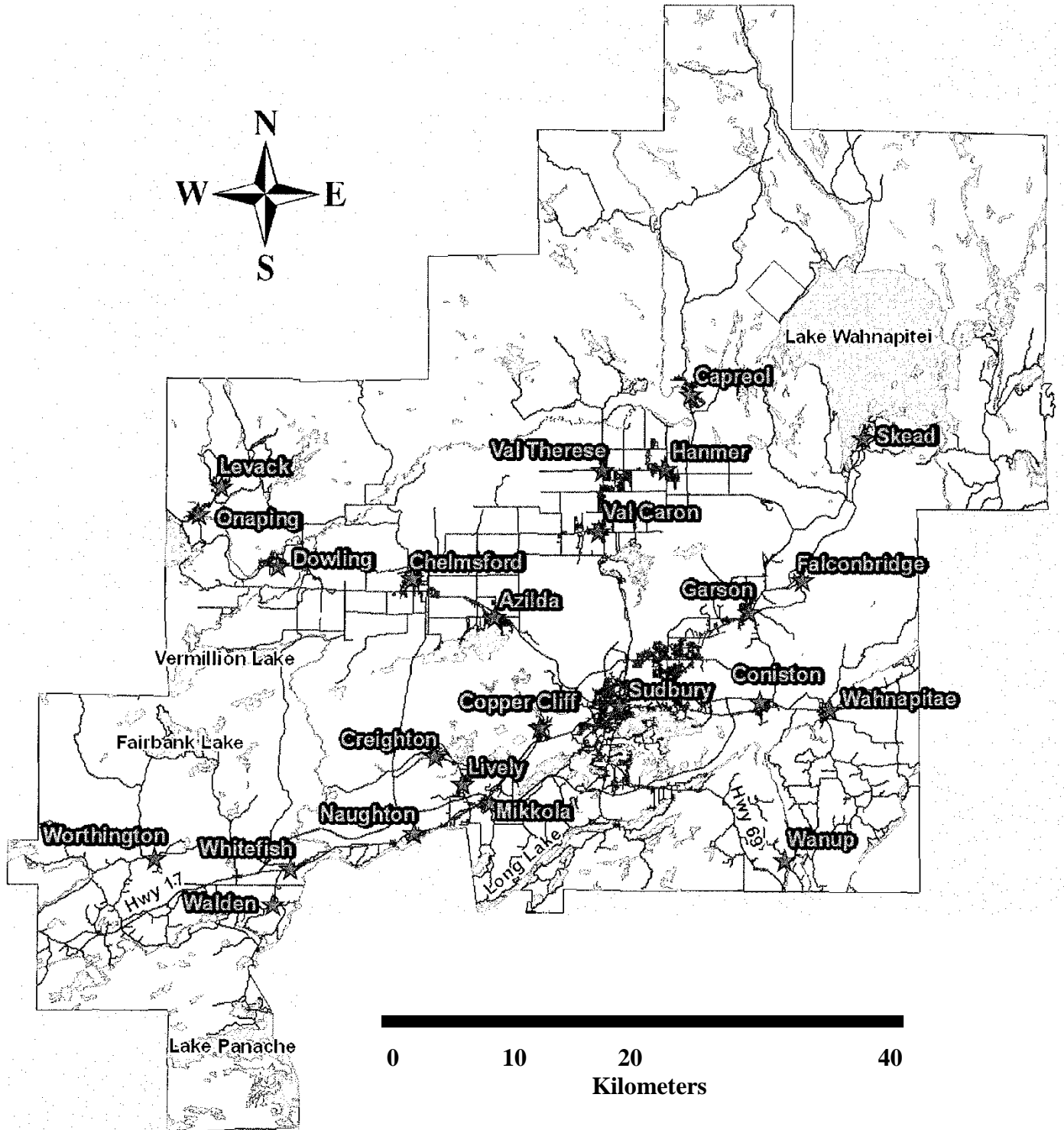
1166 Roy Avenue  
Sudbury, ON P3A 3M6

Hours: 9 a.m. – 5 p.m.

Ph: 560-0430

Email: [scsc@vianet.on.ca](mailto:scsc@vianet.on.ca)

# City of Greater Sudbury





## SERVICE CLUBS

REMEMBER TO REFER YOUR CLIENT TO THEIR LOCAL SERVICE CLUB ONLY. Letters are the most effective form of communication with service clubs

Individuals facing a financial emergency may send a *Requisition Letter* to their area service club, preferably addressed to the club's president clearly stating their need and should include any/all documents that will support their need for assistance.

<p><b>Azilda Lions Club</b> Mr. Ron Langlois President P.O. Box 715 Azilda ON POM 1BO 983-2097</p>	<p><b>Capreol Lions Club</b> Mr. Rick Clouthier President P.O. Box 389 Capreol ON POM 1HO 858-5016</p>	<p><b>Chelmsford Lions Club - Br.553</b> Mr. Maurice Armstrong President P.O. Box 1494 Chelmsford ON POM 1LO 855-2553</p>
<p><b>Chelmsford Rainbow Lions Club</b> Ms. Lynn Kurkimaki President P.O. Box 1191 Chelmsford ON POM 1LO 897-2884</p>	<p><b>Coniston Lions Club</b> Mr. Gary Caverson President 190 George St., Box 1543 Lively ON P3Y 1N2 694-4651</p>	<p><b>Copper Cliff Lions Club</b> P.O. Box 656 Copper Cliff ON POM 1NO</p>
<p><b>Garson Lions Club</b> Mr. Jordan Buchanan President Box 374 Garson ON P3L 1T2 693-5005</p>	<p><b>Onaping Lions Club</b> Ms. Lorraine Lacroix President P.O. Box 569 Dowling ON POM 1RO 855-5629</p>	<p><b>Sudbury Lions Club</b> Mr. Bill Beaton President P.O. Box 213, Station B Sudbury ON P3E 4N5 671-2944</p>
<p><b>Minnow Lake Lions Club</b> Mr. Bob Ogilvy President 3088 Claude Street Sudbury ON P3B 1X5 524-7616</p>	<p><b>Sudbury Suomi Lions Club</b> Mr. Reijo Viitala President P.O. Box 2161 Sudbury ON P3A 4S1 694-5986</p>	<p><b>Valley East Lions Club</b> Mr. Doug Christink President P.O. Box 607 Hanmer ON P3P 1T4 564-9950</p>
<p><b>Wahnapiatae Lions Club</b> Mr. Webb Hilborn President P.O. Box 190 Wahnapiatae ON POM 3CO 694-1711</p>	<p><b>Waters Twp Lions Club</b> Mr. Michel Chaumont President P.O. Box 948 Lively ON P3Y 1M3 866-5529</p>	<p><b>Whitefish &amp; District Lions</b> Mr. Don McLeod President P.O. Box 101 Whitefish ON POM 3EO 692-4355</p>
<p><b>Walden Lioness</b> Ms. Betty Walton President P.O. Box 421 Lively ON P3Y 1M4 692-5293</p>	<p><b>Royal Purple Lodge 145</b> Terry Shinton 966-3355</p>	<p><b>Ladies of the Royal Purple</b> Ms. Phyllis Blaine President 3057 Regional Rd 15 Chelmsford ON POM 1LO 897-1059</p>
<p><b>Sudbury Shrine Club</b> Mr. Bill Groom President 2565 Kingsway, Box 9 Sudbury ON P3B 2G1 522-3677</p>	<p>Knights of Columbus <b>Council 1387 (Sudbury)</b> Mr. John Lundrigan Grand Knight P.O. Box 722 Sudbury ON P3E 4R6 897-6368</p>	<p>Knights of Columbus <b>Council 3909 (Walden)</b> Mr. Len L. Hamel Grand Knight P.O. Box 308 Lively ON P3Y 1M4 692-5626</p>

<p>Chevaliers de Colomb  <b>Conseil 5005 (Hanmer)</b>  M. George Harrison  Grand Chevalier  4634, rue Michelle  Hanmer ON P3P 1E6  969-0106</p>	<p>Knights of Columbus  <b>Council 6074 (Sudbury)</b>  Mr. Lindsay Fournier  Grand Knight  P.O. Box 2068, Stn. A  Sudbury ON P3A 4R8  694-4462</p>	<p>Chevaliers de Colomb  <b>Conseil 6258 (Vallee centre)</b>  M. Jean-Marc Joliat  Grand Chevalier  3906, rue Del, RR#1  Chelmsford ON POM 1LO  855-1785</p>
<p>Knights of Columbus  <b>Council 10888 (Sudbury)</b>  Mr. John Hartman  Grand Knight  1187 Bancroft Drive  Sudbury ON P3B 1S7  566-7296</p>	<p>Knights of Columbus  <b>Council 11522</b>  Mr. Steve Yawney  Grand Knight  39 Walford Road  Sudbury ON P3E 2H2  522-3048</p>	<p><b>Club Richelieu Sudbury</b>  M. Gratien Allaire  President  C.P. 724, Succ. B  Sudbury ON P3E 4R6  675-1151 xt3218</p>
<p><b>Kinsmen Club of Sudbury</b>  Mr. Gerry Rodgerson  President  P.O. Box 851, Stn A  Sudbury ON P3E 4S1  688-0366</p>	<p><b>Kin Club of Valley East</b>  Mr. Alain Baril  President  P.O. Box 608  Hanmer ON P3P 1T4  969-0387</p>	<p><b>Les Filles d'Isabelle</b>  Cercle d'Youville 1377  Mme Yvonne Lacroix  983-2096</p>

GREATER CITY OF SUDBURY AND AREA FOOD BANKS LISTINGS  
 SALVATION ARMY  
 COMMUNITY AND FAMILY SERVICES  
 Updated October 2014

Name and Address	Coverage and Misc. Information	Phone numbers	Hours of operation
Access Aids Network 111 Elm St, unit 203	Assists clients (HIV /Aids) only	705-688-0500 Ext 26 Sylvie Daviau	Monday to Friday 8:30am to 4pm
Better Beginnings Better Futures 450 Morin St  Various areas in the city and surrounding areas	Baby's Breath and after school programs -Community closet - Best Start Hub at Landsdowne public school or Aboriginal Best Start Hub at St David school	705-671-1941	Various times Community closet is open on Saturday s from 3-5pm or by apt
Blue Door Soup Kitchen 344 Elgin St	Samaritain Center location Serves lunch	705-675-5300	Monday to Friday 11am -2 pm
Bread and Roses Food Bank 72 Younge St, Capreol	Holy Trinity Church Capreol only	705-858-3630	11am to 12:30pm Third Tuesday of each month
Cambrian H.E.L.P. 1400 Barrydowne Rd	Cambrian Students only	CSI office 705-566-8101 ext. 7729 Fax 705-524-6395	Monday to Friday 8:30am to 4:30pm

Canadian Red Cross 1460 Fairburn Ave	Community Homelessness Prevention Initiatives (CHPI) : Helps with 1 <sup>st</sup> and last month rent, arrears with rent, hydro, gas, water, oil) Utility specific program: arrears with utilities Housing list ***not for those on OW or ODSP***	705-674-0737 Fax: 705-674-4310  sudbury@redcross.ca	Monday to Friday 8:30am to 4:30pm
Childhood-Enfance Breakfast Program 411 Wembley Dr	School breakfast program	705-673-4266	
Coniston Food Bank 44 Pine St, Coniston	Located at the Anglican Church	705-694-5050	Thursday 1-3pm Leave message, delivery available
Corner Clinic 344 Elgin St	For Adults: -Drop-in centre -Access to free personal hygiene products -Assistance with finding and maintaining housing	705-673-3721	Monday to Friday 8am to 2:30pm Closed 12 - 1pm



	-Access to primary healthcare and dental hygiene		
Collège Boréal Food Bank 21 Lasalle Blvd	Collège Boréal students only	705-560-6673 Ext 2810	Monday to Friday 8:30am to 4:30pm
Donovan Food Bank 468 Antwerp St	Located at the Grace Hall **ID required**	705-923-7712 705-822-9154	Open the last 2 Wednesday s of each month
Elgin Street Mission 344 Elgin St	Located at the Samaritan Centre - <u>shower facilities</u> available Mon-Fri 8-11am and 5- 7pm Sat-Sun 10am- 12pm and 5-7pm Free use of <u>laundry facilities</u> and supplies	705-673-2163 Pastor René Soulière  Office Mon-Fri 9am to 1pm	Monday to Friday 8-11am and 5-7:30pm Sat –Sun 10am to 12pm and 5- 7:30pm  <u>Breakfast</u> 8-9:30am (Mon-Fri) <u>Supper</u> 6-7:30pm (Mon to Sun) <u>Brunch</u> 10-11:30 (Sat- Sun)
Espanola Food Bank 247 Mead Blvd, Espanola	Nairn Centre, Webbwood, McKarrow and Whitefish falls area	705-869-0025 Rev. Terrance Fournier	Fridays 1-3pm
Elizabeth Fry Society 204 Elm St	Work with women and girls involved with the justice system -housing services	705-673-1364	Monday to Friday 9am to 12pm and 1-4pm

Friendship House 100 Gaudette St, Chelmsford	Chelmsford, Azilda, Levack, Onaping, Dowling and Cartier areas	705-855-4848	Monday and Friday 12-12:45pm.
Garson Community Food Bank O'Neil Drive West  Located at Brady Clubhouse	Serves Falconbridge Hwy to Maley Dr, Falconbridge, Noelville, Garson, St Charles, Hagar, Coniston, Warren, Wahnapiatae, Wanup trailer park, Skead/Radar Rd, French River	705-592-2294	Every Tuesday 12-3pm
Good Neighbours Valley East Food Bank 4680 Lafontaine St	Old fire hall Serves Hanmer, Val Caron, Val Thérèse to Radar Rd	705-566-1283	Last two Wednesday s of the month 10am to 2pm
Grace Family Church 426 Burton Ave Food Bank Grace Hall B	Families in the Donovan area -free community meal for those living in the Donovan area Grace's Closet – free clothing for everyone	705-673-1512 main office 705-885-1618 Grace Hall	Grace's closet is open every Monday from 10am to 2pm in the basement
Human League 471 Ontario St, Back door		705-670-8633	

Inner City Home Food Bank 251 Elm St	Elm St. south going towards four corners, Estaire and Hwy 69 South, Copper Cliff, South End, and Gatchell areas	705-675-7550 Fax:705-675-1652	Monday to Friday 1-4pm
Inner Sight Educational Homes 24 Bloor St	James Gideon Male youths 16-19 Emergency shelter and residence	705-674-7868	24 hour service
John Howard Society 204 Pine St	John Rimore Men involved with the justice system	705-675-9576	Monday to Thursday 9am to 4:30pm Friday 9am to 4pm Closed 12-1pm
L'association des Jeunes de la rue 307 Cedar St	Shelter for youths 16-19 -must be homeless or in crisis	705-675-6422	24 hour service
Laurentian University Food Bank 935 Ramsey Lk Rd	For Laurentian students only c/o Resident office	705-675-1151 Ext 1064	Sept to April 8:30am to 4:30pm
Levack Catholic Parish of Onaping and Cartier 30 Church St	St Bartholemew's Catholic Church	705-966-3762 705-966-0820	Tuesday to Friday 10am to 4pm
Manitoulin Family Services 27 Forest St Mindemoya	Help centre	705-377-5532 Ext242	Tuesday and Friday 10am to 2pm Wednesday 7-9pm

Markstay Food Bank 15 Hagar St	Garage beside St Mark's church	705-853-4553	Thursday 2pm
Massey Food Bank 205 Sauble St, Massey	Donelda Cannard -Serves Massey and Walford areas	705-865-2450	Second Friday of each month 1-2pm
Nairn Food Bank Centre			Wednesday and Friday 12-2pm
N.I.S.A. (Northern Initiatives for Social Action) 36 Elgin St, 2 <sup>nd</sup> floor	Teaches healthy food preparation on a fixed income -provides peer support for families or individuals touched by mental health issues -help to develop occupational skills, nurture self-confidence and provides resources for recovery	705-222-6472	
N'Swakamok Native Friendship Centre 110 Elm St	Native people in Greater Sudbury in need of baby formula, diapers and clothing (6 yrs and under) *no food assistance* -aboriginal homelessness	705-674-2128 Fax:705-671-3539	Monday to Friday 9am to 5pm

	<p>and housing support program,</p> <ul style="list-style-type: none"> <li>-Family support program</li> <li>-Prenatal nutrition program</li> <li>-aboriginal healthy babies healthy children program</li> <li>-community support program</li> <li>-Drug and alcohol</li> <li>-aboriginal children's wellness strategy program</li> </ul>		
<p>New Sudbury Food Bank 1169 Dollard St</p>	<p>Located behind the Pentecostal church at Sacred Heart School</p> <ul style="list-style-type: none"> <li>-serves Montrose Ave to Paquette St, Westmount and Paquette St to Falconbridge Rd</li> </ul>	<p>705-675-7550 Fax: 705-675-1655</p>	<p>Tuesday and Thursday 10am to 12pm</p>
<p>First Step Initiatives 66 Elm St, suite 302</p>	<p>Referrals for addiction services</p>	<p>705-688-0077</p>	
<p>Paris Pantry 1821 Paris St (white house next to St. James church)</p>	<p>705-522-2333 / 705-525-0288 / 705-522-1130 Fax: 705-671-2229 ***</p>	<p>***do NOT give out any of these numbers</p>	<p>2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Tuesday 1 to 3:30pm</p>
<p>Pregnancy Care Centre</p>	<p>Assistance for pregnant</p>	<p>705-673-5003</p>	<p>Monday to Thursday</p>

417 Notre Dame Ave	mothers, infant food bank Milk program Care closet Parenting programs	Fax: 705-673-9455	11am to 3pm
Sagamok Reserve	-health clinic services	705-865-2171	
Salvation Army Addiction Centre 146 Larch St	Shelter for men -addiction services -hot meals	705-673-1175	Shelter service 24 hrs Office Monday to Friday 8am to 4pm
Salvation Army Family Services 634 Notre Dame Ave	Serves the Donovan, one side of Elm St N, and all other areas not covered by other food banks -food bank, clothing, household items, kids summer camp, referrals, Gift of Sight Program	705-566-8151 Fax: 705-566-5211	Monday to Friday 9am to 1pm No appts required
Salvation Army Women and Family Centre 261 Cedar St	Shelter for women with or without children	705-586-3293 Fax: 705-586-3294	24 hr. service
Spanish Food Bank Located at the Royal Canadian Legion	Serves Serpent River, Cutler, Walford and Spanish	705-844-2723	
St. Alexander Church		705-983-4354	Call for delivery

216 St. Jean St, Azilda			
St Alphonsus Food Bank 1422 Bancroft Ave Holy Redeemer Church	Serves Minnow Lake, Moonlight, 2 <sup>nd</sup> Ave, Bancroft, Howey to Van Horne, Van Horne to Paris, Paris to Brady, Brady to Kingsway, only odd house number	705-566-9409	Thursday 3-5pm
St. Andrew's Out of the Cold 111 Larch St	Serves a hot meal -located in the 2 <sup>nd</sup> floor activity hall	Call Alan at 705-673-9167 Or Jim 705-671-9538	Friday 6 to 8pm  Program runs Nov 1 to April 30
Ste. Marguerite D'Youville 4290 Hwy 69 N, Val Thérèse		705-969-9339	Christmas hampers only
St. Vincent de Paul 2506 Hwy 69N, Val Caron	-clothing/ household items -food bank	705-897-1212 Fax: 705-897-3338	3 days per month ( days vary on a monthly basis, check online)
Sudbury Manitoulin Children's Foundation 296 Larch St	Sudbury and area	705-673-2227 Fax: 705-673-8798	Summer camp program
Sudbury Action Centre for Youth 106 Elm St	Ages 16-24 -counselling and supports	705-673-4396	Monday to Friday 8am to 4pm

	<ul style="list-style-type: none"> <li>-housing support workers</li> <li>-drop in centre</li> <li>-employment supports</li> </ul>		
<p>Walden Food Bank 215 Sixth Ave, Lively</p> <p>Located at the club house by the rink and tennis court</p>	<p>-services Walden, Beaver Lake, Worthington, Naughton, Lively and Whitefish First Nations</p>		<p>Thursday 1:15 -3:30pm</p>
<p>West Nipissing Food Bank 109 Third St, unit 3 Sturgeon Falls</p>	<p>Serves Jocko Point, Warren, Verner, Cash Bay, Lavigne, Sturgeon Falls, North Bay, Monetville, River Valley</p>	<p>705-753-0314</p>	<p>3<sup>rd</sup> Wednesday of the month 1-3pm ** In case of emergencies only Food bank offers help on Mon-Wed-Fri by apt only with 24 hrs. notice</p>
<p>Monarch Supportive Housing 17 Frood Rd, unit 202</p> <p>(Previously Iris Addiction Services)</p>	<p>Addiction supportive housing program provides a rent subsidy for men and women, 18 yrs or over with addictions and who are at risk of homelessness</p>	<p>705-674-0123</p>	<p>Monday to Friday 8am to 4pm</p>



<b>Perishable Food Depots</b>	Breads, pastries, etc. Whatever is available, sometimes fruits and vegetables		
Rumball Terrace 1960 Paris St Recreational bldg.	Fridays 10am to noon		
Salvation Army 634 Notre Dame Ave	Mon-Wed-Thurs 9-10am		
<b>Clothing Depots</b>			
Rumball Terrace 1960 Paris St Multi-purpose bldg.	Tuesday 2-4pm Thursday 10am to noon and 1-3pm		
Community Closet O'Connor Park Corner of Kehoe and St. George St	Every Wednesday 10am to 1pm and 7-8:30pm		