



OSCC55+ Financial Assistance and Support

Program Overview:

OSCC55+ believes that all members should have the ability to take part and enjoy programs and services. Members may be eligible to receive financial assistance based on household income and/or a referral from an approved health care provider, space in programs and available funding.

Completed forms and documents can be submitted by email to osccfinance@oshawa.ca or in-person at any of our branches.

Subsidy Options & Eligibility Details:

Links2Wellbeing: Social Prescribing for Older Adults

- Social Prescribing links people with social needs to community services that improve health, wellbeing, and community connection, providing access to Recreation and Leisure Programs.
- Individuals presenting with symptoms related to loneliness, social isolation, or other isolating factors such as caregiver fatigue, loss of a spouse, or being new to the community may be eligible for this program.
- To complete this process, a referral from an approved health care provider is required. (see Client Referral Form on page 3)
- Subsidy may cover **up to 100% of membership fees and two programs**, per person, per quarter (session).

OSCC55+ Access to Leisure Programs

- Providing access to continuing education programs and special events.
- To qualify you must have a total household income not exceeding the low-Income Cut-Offs (L.I.C.O) threshold. Refer to line 15000 (total income) on your Notice of Assessment(s) to calculate your total household income.
- To complete this process, you must provide recent documentation, such as a Notice of Assessment from the Canada Revenue Agency (CRA) or confirmation of funding through the Ontario Disability Support Program (ODSP), to verify total family income.
- Subsidy may cover **up to 100% of membership fees and one program**, per person, per quarter (session).

OSCC55+ Access to Community Support Services

- Providing access to Adult Day Program, Transportation and Footcare Services.
- To qualify you must have a total family income not exceeding 25% above the Low-Income Cut-Offs (L.I.C.O) threshold. Refer to line 15000 (total income) on your Notice of Assessment(s) to calculate your total household income.
- To complete this process, you must provide recent documentation, such as a Notice of Assessment from the Canada Revenue Agency or confirmation of funding through the Ontario Disability Support Program (ODSP), to verify total family income.
- Subsidy may **cover up to 100% of membership fees (if applicable) and one program or service** per person per quarter.

After we receive your completed application, please allow up to five business days for staff to review it and contact you regarding your eligibility. If approved, the subsidy will be updated in our registration system and will remain valid for a period of twelve months from the date of approval.

Applicant/Main Contact	
First Name	Last Name
Membership Card #	Date of Birth
Address	
City	Postal Code
Phone Number	Email

Spouse/Partner (if applicable)	
First Name	Last Name
Membership Card #	Date of Birth

Subsidy Requested (Please select all that apply):

- Links2Wellbeing
 Access to Leisure Programs
 Access to Community Support Services

Supporting Documentation:

- Referral from Health Care Provider (Links2Wellbeing)
 Verification of Household Income (Access to Leisure Programs and Community Support Services)
 - Notice of Assessment(s) or
 - Confirmation of funding through ODSP

Applicant's Signature:	Date:
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This form may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended. This information will be used and maintained by the OSCC55+ Financial Assistance program. Questions regarding this collection may be directed to the City's Information Access and Privacy Officer, 905-436-3311.

For Office Use Only	
Application Status:	Subsidy Details:
Valid From:	Valid To:
Authorization:	Date:



Client Referral Form

Date: _____

Client name: _____

Client phone #: _____

Client email address (if applicable): _____

Program interests/other notes: _____

Please note that these social and recreational programs are not able to serve clients requiring clinical interventions or those individuals who are living with significant cognitive impairments.

Referring organization: _____

Select one:

- CHC FHT Community Paramedic Solo Physician Nurse Practitioner Led Clinic Hospital Pharmacist Other

Referrer name: _____

Referrer position: _____

Direct phone #: _____

E-mail: _____

Please fax or e-mail* this referral form to:

*Where fax or e-referral is unavailable, you are responsible for obtaining your client's consent to transmit their information via e-mail. By checking this box, you verify that the client consented to the use of e-mail to share the above information for the purposes of connecting them with programs at the referral partner(s) below.

Oshawa Senior Community Centres (OSCC55+)

FAX: 905.576.0848

PHONE: 905.576.6712

EMAIL: OSCCservices@oshawa.ca

