



EAST EFFORT

COMMUNITY COVID RESPONSE PROJECT



EAST EFFORT - Individual and Family Support- Phase 3 Grocery and Drug Store Gift Card Program

This Support program is intended to help reduce the impacts of Covid-19 on families and individuals in the East York/Don Valley communities with a focus on Warden Woods, Oakridge, Taylor Massey/ Crescent Town, Flemingdon Park, Thorncliffe Park, communities, by providing one-time support by way of grocery and drug store gift cards for up to \$200/person for the following retailers:

- Metro/Food Basics
- Loblaws/No Frills/Fortinos/Superstore
- Iqbal Halal Foods
- Sunny Supermarket
- Adonis
- Shoppers Drug Mart

The target population for the fund is people living in the above listed communities, who, without the fund's support or would face challenges as a result of Covid-19 including the following:

- Individuals who are Covid-19 positive
- Families with one or more Covid-19 positive members
- Individuals and families who have been adversely impacted by Covid-19

As this is temporary support, providers will ensure that clients are aware of other available support and funds (including: EI, CRSB, ODSP, Ontario Works).

Organizations applying to the fund will need to seek their client's consent to share the personal health information in the application form with Flemingdon Health Centre and the East Toronto Health Partners and consent to track their health care journey for evaluation purposes. Providers may be asked to do an electronic survey with their clients – the survey will provide information to Flemingdon Health Centre to support the evaluation of the initiative.

Application Process:

- i. Case working/staff Complete the application form with the client (online only).
- ii. The form will be automatically submitted to FHC
- iii. Within 48 hours the worker will receive a tracking/confirmation number which can be used to monitor the status of the application.
- iv. Applications will be processed weekly, applications without issue should receive gift cards within 2-weeks of their initial applicaiton.
- v. If there are issues with an application it will be noted in the tracking sheet and/or through email.

Application Form: <https://www.surveymonkey.com/r/Q97PVZN>



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Patient/Client Name:	Date of Birth: [MMM/DD/YEAR]
Address:	Postal Code:
OHIP or IFH # (or N/A):	Number of People in household:

Patient/Client is in the following target population (please check applicable items)	
<ul style="list-style-type: none"><input type="radio"/> Covid-positive individual<input type="radio"/> Family member of a Covid-positive individual<input type="radio"/> Directly impacted by Covid-19 (income loss, care giving)	
Priority Community	
Crescent Town/Taylor Massey Oakridge Flemingdon Park	Warden Woods Thornccliffe Park Other: (describe) _____

Which of the following best describes your racial or ethnic group? Please check ONE only.
<ul style="list-style-type: none"><input type="checkbox"/> Black (African, Afro-Caribbean, African-Canadian descent)<input type="checkbox"/> East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent; Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)<input type="checkbox"/> Indigenous (First Nations, Métis, Inuk/Inuit)<input type="checkbox"/> Latino (Latin American, Hispanic descent)<input type="checkbox"/> Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)<input type="checkbox"/> South Asian (East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)<input type="checkbox"/> White (European descent)<input type="checkbox"/> Do not know<input type="checkbox"/> Prefer not to answer<input type="checkbox"/> Another race category (Please specify):

Support Checklist (Please ensure that you have shared information on all of the following as appropriate)	
<ul style="list-style-type: none"><input type="checkbox"/> Employment Insurance (EI) program<input type="checkbox"/> Canada Recovery Sickness Benefit (CRSB)<input type="checkbox"/> COVID-19 Emergency Assistance (Ontario)<input type="checkbox"/> COVID-19 Energy Assistance Program (CEAP)	<ul style="list-style-type: none"><input type="checkbox"/> Canada Worker Lockdown Benefit<input type="checkbox"/> Canada Recovery Caregiving Benefit (CRCB)<input type="checkbox"/> Low-income Energy Assistance Program (LEAP)<input type="checkbox"/> Ontario Works and ODSP
Federal Support: https://www.canada.ca/en/department-finance/economic-response-plan.html	
Provincial Support: https://www.ontario.ca/page/covid-19-support-people	

The program can support clients for a specific amount up to \$200/person.

- Food Assistance: _____ number of people in the household x \$100 = _____
- Drug Store Assistance: _____ number of people in the household x \$50 = _____
- Special consideration: _____ number of people requiring additional support x \$50 = _____
- Special consideration details: _____

Grocery Store Preference: _____

Special considerations refer to additional costs that may be included that can include but are not limited to: Specific dietary needs, special medication or health supplies.

Does this client need additional support around housing and rent arrears?

Yes

No

Does this client need additional support around food access?

Yes

No

Does this client need additional support around mental health supports?

Yes

No

Does this client need additional support around Covid-19 vaccinations?

Yes

No

Has anyone in the household applied for funding through this project before? (funds are limited to one application per household.)

Yes

No

Patient/Client Consent

Patient/Client _____ provided informed verbal consent to this application being shared with **Flemingdon Health Centre and the East Toronto Health Partners**, and consented to Flemingdon Health Centre and the East Toronto Health Partners tracking their health care journey for the purpose of evaluating the Community Support Fund.

Patient/Client provided informed verbal consent Yes No Date:

Staff Name:

Staff Organization:

Staff Role or Position:

Email:

Phone: