Creating a Canada without wait times for children with special needs, one partner at a time.

Invitation to Childhood and Family Service Providers

Dear childhood and family service providers,

To help reduce wait times faced by our infants, toddlers and school-age children at risk of developmental disorders or with a disability, Buds in Bloom, non-profit children's organization, is looking for companies, clinics and establishments providing early intervention, parent workshops, financial support, pediatric therapy, psychology, psycho-education, special education, or other specialized interventions in childhood. Buds in Bloom can then refer children with special needs and their families to these resources, and others within the network. A company, clinic or establishment is here referred to as "**Company**".

Network partners are essential to meeting our primary objective in 2016 of offering rapid access to a specialized service to **300 children in Quebec** and their families. Because of the increasing number of children in Canada awaiting a diagnosis or rehabilitation services, our mission is to reduce these wait times. Our commitment is to offer children from infancy through age 12 years **access to a specialized service** by referring them to our network of partners, which is made of childhood and family service providers. Block by block, we will transform access to health and education services in Canada, starting with Quebec. Together with our network partners, we bring hope, empowerment and fulfillment. To date, we have more than 10 network partners in Montreal and Quebec city, with **more than 55 professionals and interventionists**. Our partners agree to intervene within a less than five-week delay, thus participating in an indispensable way to our mission. Referrals may likely result from your partnership with our organization. The cost of referring and orienting each family to our network partners is $500.00. We believe in being grateful and fair with each of our partnerships. Thanks to your contribution, we collectively will achieve this goal. Given the specialized services you provide, we invite you to make the difference. Be a catalyst of transformation for our health, education and leisure systems in Canada, by joining our network partners or by contributing to our cause.

CONTRIBUTION OPTIONS

Your contribution to be a network partner can be made in several ways:
- A tax-deductible donation;
- A gift of time by offering your talents in fundraising, while promoting our mission;
- A sponsorship of a program, project or event, with a contribution of $ 10,000 or more, ensuring your increased visibility;

A partnership with our network consists of agreeing to take on at least one child or family during the year, within five weeks of the referral. There are **no changes to make to your service provision**. Note that Buds in Bloom takes care of analyzing the needs of the child and the family resources. Also, with the signed consent from parents, they forward information about opening a file for the child, as well as other relevant details about the reasons that prompted the family to request access **to a specialized service**. Moreover, after the referral, Buds in Bloom follows up with the parents (guardians) to ensure the quality of access to the program and the program itself. Note that we do not ask any financial contributions to non-profit organizations solely providing free services.
Your collaboration helps reduce wait times faced by children in our health, education and leisure systems.

CONFIDENTIALITY

All data in this questionnaire are confidential. No information is to be published without your and our written consent. For all contributions equal to or greater than $ 1000, the name of the Company may be published on our website. By completing and returning this questionnaire, you voluntarily agree to contribute as a network partner, donor, volunteer or sponsor.

IMPORTANT CONSIDERATIONS

The advancement of our mission mainly depends on a high number of **Companies** providing children and families specialized services. For this reason, we deeply appreciate your donation, volunteering or sponsorship to help the Buds in Bloom cause, which is to accelerate **access to specialized services** for children from infancy to 12 years of age with a disability or delay such as ASD, ADD-H, ID, LD, CP, SB, and other disorders.

ELIGIBILITY TO HELP

On one hand, any person or Company is eligible to donate, volunteer or sponsor. On the other hand, if your Company provides a specialized service in Canada for **children, their parents or their family, part or full time**, you are also eligible as a network partner. The three criteria to be a network partner are the following:
1- Be an established organization or agency of professionals, therapists, practitioners, community volunteers that helps children and families in a major city of the province of Quebec. 2- Offer expertise in diagnostic evaluations, treatments, therapies or other family support services such as financial guidance, parent support groups or educational workshops. 3- Share a common goal of ensuring that children bloom **today**.

INVITATION

We invite you to take **5 to 10 minutes** of your time to complete this short questionnaire, and return it to us with your contribution. The questionnaire includes three sections; sections A, B and C. We can be reached at info@BudsinBloom.org. Thank you for your participation in this important cause.

On behalf of our children, respectfully yours,

Michèle Hébert, Founder and Director, Ph. D., OT(C), erg., OTR

c/o Abby Kleinberg-Bassel for Buds in Bloom 5250 Ferrier Street Suite 801 Montreal, Quebec H4P 1L4 | E info@BudsinBloom.org | www.BudsinBloom.org

BUDS IN BLOOM

Section A: General Information

The person, company, clinic or institution is hereafter referred to as « **Company** ».

RESOURCE PERSON (at the **Company**)	LAST NAME		FIRST NAME		TITLE	
CONTACT INFORMATION OF RESOURCE PERS.	EMAIL		TEL.	OFFICE: CELLULAR: FAX:		

NAME & ADDRESS OF COMPANY

_____
Name of the Company

_____
Number Street, Ave., Blvd. etc. City Province Postal Code

AUTHORISATION TO PUBLISH THE NAME

I, the undersigned, _____, in my capacity of _____,
First and last names (in printed letters) Title

give permission to Buds in Bloom to publish, as they see fit, on their website and in all other advertising material, the name of the donor*, volunteer, sponsor or partner making this offer, in addition to the type of donation, as a thank you for this contribution (check **only ONE** box):

☐ NO, I want to keep the name anonymous.

☐ YES, I want the following name to be published as a thank you for the contribution (*: for all contributions of $ 1000 or more).
Name to publish:

_____
First and last names of the donor, volunteer, sponsor or partner **OR** name of the company or institution

I agree to post the web address of www.BudsinBloom.org on the website of the « **Company** ».

☐ YES ☐ NO

_____ _____
Signature Date

CONTRIBUTION CHOICE (Check **ALL** appropriate boxes)	DONATION (minimal donation of $ 25 for income tax receipt)	☐ YES	VOLUNTEERING	☐ YES Number of hours per year: _____	SPONSORSHIP (not eligible for income tax receipt)	☐ YES

Section B: Details for Network Partners

If there are two or more interventionists who are part of the pediatric team at the **Company**, **ONLY the person responsible**, such as a person in a directorship or supervision position, must answer the following questions.

NUMBER OF INTERVENTIONIST(S) IN PEDIATRICS, CHILDHOOD AND FAMILY	OCCUPATIONAL THERAPY	#	SPECIAL EDUCATION	#	SPEECH-LANGUAGE PATHOLOGY	#	PHYSIOTHERAPY	#
	PSYCHO-EDUCATION	#	PSYCHOLOGY	#	OTHER	# Specify the intervention (e.g. workshop or support for parents).		

EXPERTISE IN PEDIATRICS

The intervention or workshop offered by the **Company** is for children (check **ALL** the appropriate boxes):

ages from ☐ 0 month to 18 months ☐ 19 months to 48 months ☐ 4 years to 12 years ☐ 13 years to 18 years

speaking and writing in ☐ English ☐ French ☐ other(s) (specify the language(s)) _____

_____

with a(n) ☐ autism spectrum disorder (ASD) ☐ attention deficit hyperactivity disorder (ADHD)

☐ intellectual disability (ID) ☐ physical disability (DP) ☐ learning disability ☐ developmental coordination disorder (DCD)

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	☐ social or behavioural disorder ☐ psychiatric disorder ☐ other (specify): _____ **Do you offer diagnostic services** according to the DSM-V? ☐ NO ☐ YES; what diagnoses? _____
GEOGRAPHIC REGION	From the previously mentioned address, the **Company** covers an approximate maximum geographic radius of (check **ONLY ONE** box per your preference **OR** indicate the number of maximum kilometers **OR** region on the line below): ☐ Zero km ☐ 1 to 25 km ☐ 26 to 50 km ☐ 51 to 100 km ☐ more than 100 km **OR** A maximum number of _____ km **OR** The region(s) from _____ (e.g. province of Quebec, Sherbrooke **OR** West Island of Montrewal)
HOURLY FEES	The hourly fee of the **Company** is $ _____ (Please indicate the highest fee. If your **Company** is a NPO offering **only free services**, indicate ϕ).
AGREEMENT TO CONTRIBUTE TO THE MISSION	The **Company** agrees to **contribute to the mission** of Buds in Bloom by offering **a first consultation, evaluation, intervention or workshop within five weeks following the date of referral.** ☐ YES ☐ NO The **Company** agrees to not copy services of Buds in Bloom without the written authorisation of its Founder. ☐ YES ☐ NO
NUMBER OF CHILDREN TO REFER	What minimum number of children referred is the **Company** prepared to accept in a 12-month period of time? The **Company** may change the minimum number at a later date (check **ONLY ONE** box): ☐ 1 ☐ 2 to 3 ☐ 4 to 6 ☐ 7 to 10 ☐ more than 10 ☐ No maximum number
RESPECT OF THE ANTI-SPAM LAW	The **Company** respects the anti-spam law now in effect since July 2014. ☐ YES ☐ Not yet; answer the sentence below in **red**: Thus, the **Company** will immediately get informed about the anti-spam law, by visiting the CRTC at http://www.crtc.gc.ca/eng/casl-lcap.htm, and by putting in place all new measures required by this law, to avoid any recourse against the **Company**. ☐ **YES, I agree.**
ATTESTATION OF INSURANCE	The **Company** attests that all interventionists who will take responsibility of newly referred children or their parents (guardians) are covered by liability insurance. ☐ YES ☐ Not yet; the **Company** agrees to confirm when all the interventionists are insured. ☐ **YES, I agree.**
ATTESTATION OF PARTNERSHIP	The **Company** attests that all interventionists who will take responsibility of newly referred children or their parents (guardians) are active members of their professional order. If membership to an order is not required for their practice, the **Company** attests that no disciplinary or criminal record related to their pediatric, childhood and family practice is in progress. ☐ YES ☐ Not yet; the **Company** agrees to confirm when all the interventionists are free of these records. ☐ **YES, I agree.**
CONSENT TO COMMUNICATION	I, the undersigned, _____, in my capacity of _____, First and last names (in printed letters) Title on behalf of the **Company** _____ (name of the person, company, clinic or institution) consent to receive information and news from Buds in Bloom. N.B.: You can remove your consent at any time by sending us an email (check **ONLY ONE** box): ☐ NO, I do not consent to receive email updates from Buds in Bloom. ☐ YES, I consent to receive email updates from Buds in Bloom (specify your **email** address). Email Address: the same as indicated on page 2 of the questionnaire **OR** another address email _____ _____ _____ Signature Date

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BUDS IN BLOOM

Section C: Payment Method

CONTRIBUTION AMOUNT

Check **ONLY ONE** box according to the contribution option you are choosing:

SPONSORSHIP

☐ A sponsorship in the amount of $ _____ (minimum sponsorship of $ 10,000 not eligible for an income tax deduction)

DONATION (minimum donation of $ 25 for an income tax deductible donation)

☐ A non-profit organization offering solely free services: ___Ø___, go to the section on « Authorisation » at the bottom of the page

☐ A **Company** donation in the amount of: $ _____ (contribution equal to or greater than the hourly fee for that person)

MEMBERSHIP (optional)

☐ An annual membership in the amount of $ 1.00, including the right to vote at the annual general assembly, the privilege to view the financial statement and to receive news before the general public.

METHOD OF PAYMENT

Check **ONLY ONE** payment option:

☐ **CREDIT CARD** **OR** ☐ **CHECK**

IMPORTANT!

All payments by CREDIT CARD are processed by the secure site of our partner
Make-A-Wish® Quebec | Fais-Un-Vœu[MD] Québec.

Make your donation online on the Buds in Bloom website.

Four steps for a payment by CHECK:

1- IMPORTANT! Make check(s) payable to **Make-A-Wish Quebec** (the organization will emit an income tax receipt about a month after the donation is received);
2- Complete the bilingual form « Required fields for donations by check » on the next page.
3- Join the check(s) to the completed questionnaire and form;
4- Mail all items to:
c/o Abby Kleinberg-Bassel for Buds in Bloom
5250 Ferrier Street, Suite 801
Montreal (Quebec) H4P 1L4

Please sign the following authorization, without which your contribution will not be processed. Thank you.

AUTORISATION

I, _____, authorize Buds in Bloom to process this request for
First and last names (in printed letters)

(check **ONLY ONE** box)

☐ VOLUNTEERING

☐ a financial contribution related to a SPONSORSHIP, in the amount of $ _____ **

☐ a financial contribution as DONATION, in the amount of $ _____ **

☐ a partnership as a non-profit organization, NPO, offering solely free services to children and families.

And, if opted for a membership,

☐ an additional annual MEMBERSHIP fee, in the amount of $ 1.00, for a grand total in the amount of $ _____ **.

_____ _____
Signature Date

: For all **contributions by check, complete and join the form below.

Your contribution brings hope, empowerment and fulfillment. Thank you very much.

Creating a Canada without wait times for children with special needs

NP verE (2) 2016

*** Champs obligatoires pour les dons par chèque | Required fields for donations by check**

Je veux aider Bourgeons en Éclat à offrir aux enfants ayant des besoins particuliers l'accès rapide à un service spécialisé grâce à un chèque libellé à l'ordre de **Fais-Un-Vœu Québec,** d'un montant de : /
I want to help Buds in Bloom offer children with special needs rapid access to a specialized service with my gift by check payable to **Make-A-Wish Quebec** of:

*** Montant/Amount** __ 1000$ __ 750$ __ 500$ __ 250$ Autre/Other : _____
Pour les dons de 25 $ ou plus, un reçu est émis. / For donations of $25 and more, an income tax receipt is provided.

___ Je veux faire un don récurrent./ I would like to make a recurring donation.
Fréquence/Frequency : _____

*** Nom, Prénom/Lastname, Firstname** _____

*** ___ Don personnel/Personal Donation** **___Don d'entreprise/Corporate Donation**

S'il s'agit d'un don d'entreprise/if corp. donation :

Entreprise/Organisation
_____
Personne-ressource/Contact
_____
Prénom, nom/Firstname, Lastname
Titre/Title _____

*** Adresse courriel/ E-mail** address _____

*** Adresse/Address** **Nº et Rue/# Street** _____

Ville/City _____ **Province ou État/Province or State**_____

Code postal/Zip Code_____ **Pays/Country** _____

Téléphone/Telephone _____

S'il vous plaît, cochez TOUTES les cases applicables. / Please check ALL boxes that apply.

☐ Je veux recevoir des nouvelles par courriel de Bourgeons en Éclat. / I would like to receive email updates from Buds in Bloom.

☐ Je désire que mon don demeure anonyme. / Please check here if you want your donation to remain anonymous.

☐ Les contributions de 10 000 $ ou plus peuvent être reconnues à titre de commandite pour Bourgeons en Éclat. Veuillez cocher cette case si vous voulez qu'on communique avec vous concernant une commandite. / Contributions of $10,000 or more may be recognized as a Buds in Bloom sponsorship. Please check here if you want us to contact you about a sponsorship.

Assurez-vous que tous les champs sont correctement remplis et que votre(vos) chèque(s) est(sont) libellé(s) à l'ordre de **Fais-Un-Vœu Québec**, puis envoyez le tout à: / Please confirm that all information is correct, that your check(s) is(are) made payable to **Make-A-Wish Quebec,** and mail to:

c/o Abby Kleinberg-Bassel for Buds in Bloom
5250 Ferrier Street, Suite 801 Montreal, Quebec H4P 1L4 Canada

Pour plus d'informations / For more details: info@BudsinBloom.org

Merci d'apporter de l'espoir aux enfants. / Thank you for bringing hope to our children.

Nous créons un Canada sans délai d'attente pour nos enfants à besoins particuliers /
Creating a Canada without wait times for children with special needs

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