



# EMPOWERING *people with disabilities*

## EQUIPMENT AND SUPPORT SERVICES APPLICATION FOR EQUIPMENT

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street address if different from above: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate (M/D/Y): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Medical Diagnosis related to equipment request: \_\_\_\_\_

Cause: \_\_\_\_\_ Year of onset: \_\_\_\_\_

Secondary Diagnoses: \_\_\_\_\_

Please explain how your diagnoses affect your **need** for equipment being requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact person (someone who is familiar with applicant): (relationship to applicant: parent, spouse, child, sibling, **interpreter**):

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Next of Kin or 2<sup>nd</sup> contact person who is familiar and involved with applicant – **different** from person listed above as first contact  
(Please circle relationship to applicant: parent, spouse, child, sibling)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Have you applied to Easter Seals Alberta before? \_\_\_\_ If yes, result: \_\_\_\_\_

Name & phone number of person **who referred you to us**: \_\_\_\_\_

Employment Status of Persons Living with Applicant (Provide name of employer, phone number, position)

Applicant: \_\_\_\_\_

Spouse/Parents: \_\_\_\_\_

Transportation:

Drive own vehicle: \_\_\_\_ Relative/Friend: \_\_\_\_ Specialized transportation: \_\_\_\_ Public transportation \_\_\_\_

Accommodation:

I live alone \_\_\_\_ with others \_\_\_\_ who? \_\_\_\_\_

I rent \_\_\_\_ I own \_\_\_\_ Type of dwelling (ie: apartment, assisted living, bungalow): \_\_\_\_\_

**Provider of Personal Care/Support:**

Family \_\_\_\_ Home Care \_\_\_\_ Assisted Living \_\_\_\_ Private \_\_\_\_ None \_\_\_\_ Other \_\_\_\_\_

**What equipment are you requesting? (We can only consider one funding request at a time)**

Type of equipment: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

How long and where was trial period? \_\_\_\_\_

Price of equipment: \$ \_\_\_\_\_ Quote number: \_\_\_\_\_ Vendor of choice: \_\_\_\_\_

Vendor phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Salesperson: \_\_\_\_\_

**What equipment are you presently using? What difficulty are you having with this method that can be overcome with requested equipment? Please attach a letter if more space is required.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What type of funding assistance are you requesting?**

Full amount \_\_\_\_ Interest Free Loan \_\_\_\_ Cost-share \_\_\_\_ How much can you or your family contribute? \$ \_\_\_\_\_

**Easter Seals Alberta does not reimburse for equipment purchased nor become involved with requests after equipment is ordered.**

**If Easter Seals Alberta has contributed 51% or more of the cost of equipment, we will retain ownership.**

**Recipients of equipment will be responsible for repairs and maintenance while it is in their possession.**

**OTHER POTENTIAL FUNDING SOURCES:**

If you have medical benefits (i.e. private extended health such as Sun Life, NIHB, AISH, Blue Cross, disability insurance), have you inquired whether the requested equipment is covered? Yes \_\_\_\_ No \_\_\_\_

If you are a Treaty Status Aboriginal, have you approached your Band, NIHB and private insurance? Yes \_\_\_\_ No \_\_\_\_

**If you or your spouse were/are a veteran or served in the Armed Forces, and had an honourable discharge, have you applied to DVA and Poppy Fund? Yes \_\_\_\_ No \_\_\_\_**

Have you applied to any disability-specific funding organization that you may be eligible for, such as Cerebral Palsy, Muscular Dystrophy, Polio Foundation or Spina Bifida? Yes \_\_\_\_ No \_\_\_\_

**Please approach the above resources BEFORE applying to Easter Seals Alberta, since we are a funding source of last resort.**

Do you or your family members have any contact with agencies, individuals, churches, unions, associations, previous or current employers, or service clubs that may be interested in helping provide funds for your request? Yes \_\_\_\_ No \_\_\_\_

Contact name: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you applied to any other organization / agency for assistance? \_\_\_\_\_

If yes, name of organization: \_\_\_\_\_ Contact name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Response: \_\_\_\_\_

If more than one, please list them below or on the back of this page.

**THIS SECTION MUST BE COMPLETED.**

Caseworkers may request verification of any information provided.

**Current Monthly Financial Status (combined Household Income and Expenses)**

Assets	
If owned, est. value of primary residence	
Estimated value of other property owned	
Est. Value of Vehicle(s)	
Savings	
Stocks\Bonds	
RRSP	
Other investments: _____	
_____	
Insurance Settlements: _____	
_____	
<b>Total Assets:</b>	\$

Monthly Expenses	
Rent\Mortgage	
Utilities (gas, power, water)	
Food	
Clothing/personal grooming	
Medical/Dental	
Vehicle (fuel, maint, registr)	
Vehicle (s) payment	
Insurance - Property	
- Vehicle	
Property tax, Mobile Lot fee	
Condo fee	
Transportation (public)	
Household supplies	
Phone, cable, cell, satellite	
Entertainment, gifts, church	
Home Repair/Furnishing	
Children - school, lessons, activities, care, allowance, maintenance payments	
Pet Care	
Other expenses (list):	
<b>Total Expenses:</b>	\$

Monthly Income (Net Family)	
Self (Employment)	
Spouse\Parent(s)	
Child Tax Credit	
AISH	
Alberta Works (Income Support)	
<b>Other Income - please circle and itemize:</b>	
Private Insurance, LTD	
Student Loan, Rental,	
Health and Welfare Canada, Investment Income, EI,	
Child Maintenance, WCB, CPP, GIS, Alberta Seniors Benefit,	
Old Age Pension, DVA, Trust Fund	
<b>Total Income:</b>	\$

Liabilities		
	Monthly Payment	Balance owing
Mortgage		
Vehicle (s)		
Credit card (list):		
Other:		
<b>Total Liabilities:</b>	\$	

Do you have an insurance claim pending? If yes, please explain the circumstances:

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Have you sold property or received a lump sum of money greater than \$10,000 in the past 5 years? If yes, please explain the circumstances:

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Are you experiencing any major financial obligations at this time, in the recent past or near future? Please explain:

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**Please describe how you expect the requested equipment to impact your life. What benefits do you expect to obtain from it? Please attach a letter if more space is required.**

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**Supporting Documentation Checklist:**

	Attached	To Follow
Physio/Occupational Therapist Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Doctor's letter/Medical Report Form	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Previous 2 years Notices of Assessment from CRA/AISH stub	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Equipment price quote (s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Other supporting documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

In order to raise funds for your request, do you agree to the use of your first name and any information you provided on this application form (except financial) in funding letter or publicity if your application is approved?

Yes  No

Can we contact you or your family members to volunteer for fundraising events in your community?

Yes  No

Would you provide us with a letter explaining how the equipment we provided has impacted your life and a picture of you with the equipment, if your application is successful?

Yes  No

**Oath:**

I certify that the above information provided by me on this application form is true and complete to the best of my knowledge. I understand that if any of these statements are found to be untrue, this application may be rejected:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Release of Information:**

I voluntarily give consent to the Caseworkers of Easter Seals Alberta to discuss my situation, as it relates to my application, with any professionals involved, for a period of one year or until the assessment has been completed, whichever is sooner. I understand that I may cancel this consent, in writing, at any time. I release Easter Seals Alberta, its employees, and agents from all claims which may arise as a result of the release of information described above:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Return to:****Red Deer and North:****OR****South of Red Deer:**

**Mayfield Business Centre**  
**404 – 10525 - 170 St.**  
**Edmonton AB T5P 4W2**  
**Phone: 780 429 0137 ext. 303**  
**Fax: 780 429 1937**  
[debbie@easterseals.ab.ca](mailto:debbie@easterseals.ab.ca)

**103 - 811 Manning Road NE**  
**Calgary AB T2E 7L4**  
**Phone: 403 235 5662 ext. 214**  
**Fax: 403 248 1716**  
[theresa@easterseals.ab.ca](mailto:theresa@easterseals.ab.ca)

**For more information about Easter Seals Alberta and our programs, and to download copies of our forms, visit our website at [www.easterseals.ab.ca](http://www.easterseals.ab.ca)**



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Any personal information that Easter Seals Alberta may collect is collected in compliance with section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected is limited to what is necessary for determination of eligibility for benefits and programs. This information and all associated records and files shall remain under control of Alberta Seniors & Community Supports ministry and will be provided to them upon their request. All reasonable efforts shall be taken against such risks as unauthorized access, collection, use, disclosure, disposal and disaster. For any questions or concerns about the collection, use and disclosure of your personal information, contact your caseworker as indicated above.

01/08/2015