



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 Diagnosis: _____

Please explain how your diagnosis affects your need for the equipment being requested:

Contact person (if other than applicant): (relationship to applicant: parent, spouse, child, sibling, **interpreter**):

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Next of Kin or 2nd 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

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? _____

Vendor who completed trials: _____

What equipment are you presently using?

Please describe how you expect the requested equipment to impact your life (community involvement, volunteering etc). What benefits do you expect to obtain from it? 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, Easter Seals Alberta will retain ownership.

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 or Spina Bifida? Yes ____ No ____

Please approach the above resources BEFORE applying to Easter Seals Alberta.

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: _____	

Total Assets:	\$

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):	
Total Expenses:	\$

Monthly Income (Net Family)	
Self (Employment)	
Spouse\Parent(s)	
Child Tax Credit	
AISH	
Alberta Works (Income Support)	
Other Income - please circle and itemize:	
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	
Total Income:	\$

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

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

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:

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

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 (household)	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"/>
*Easter Seals Alberta Membership and Annual Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Easter Seals Alberta Release of Information for Publicity	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 use of your first name and any information you provided on this application form (except financial) in funding letters 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

***PLEASE NOTE: Easter Seals Alberta Membership is a requirement for applicants applying to the Equipment and Support Services Program.**

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:

I understand that if I'm successful in obtaining equipment through Easter Seals Alberta – Equipment and Support Services Program that I **cannot sell, consign, transfer ownership or dispose** of equipment received as it remains the property of Easter Seals Alberta.

Applicant's Signature

Date

Witness Signature

Date

Release of Information:

I voluntarily give consent to the Caseworkers of Easter Seals Alberta to discuss my situation and or use my first name for funding as it relates to my application, with any professionals involved including any possible funding sources. 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

103 - 811 Manning Road NE
Calgary AB T2E 7L4
Phone: 403 235 5662 ext. 214
Fax: 403 248 1716
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



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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 Human Services 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.



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Application for Membership

Membership fees are a vital source of revenue for the Society that enables us to provide support, **increase awareness, and offer services, resources and programs for individuals with disabilities or special** needs and their families.

Your \$20.00 annual membership entitles you to:

- **A charitable tax receipt for the full amount**
- **Our newsletter**
- **Voting privileges at our annual general meeting**
- **Advance notice of our events and programs**

I _____ hereby apply for membership or to renew my membership with Easter Seals Alberta (also known as Easter Seals Alberta Society).

I acknowledge that as a Member, I must support and endorse the work and goals of the Society, pay the annual membership fee, and adhere to the Bylaws of the Society* at all times during my membership in the Society.

I will fulfill my responsibilities as a Member of the Society during my membership in the Society.

Dated this ____ day of _____, 20__.

Name of Individual Member _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ E-mail _____

****Please note memberships are \$20.00 per person annually.**

A tax receipt will be sent out upon receipt of payment.

There are 3 ways to pay:

1) Cheque – please make cheque payable to: Easter Seals Alberta

2) VISA Mastercard or American Express (Please check one):

Name on Card _____

Credit Card Number: _____ Expiry: ____/____

Signature: _____ (please print form and sign)

3) On-Line – Please visit www.easterseals.ab.ca (Donations/Membership)

*Society By-laws are available upon request at the offices of Easter Seals Alberta Society. Contact Edmonton (780) 429-0137 or Calgary (403) 235-5662, or e-mail the organization at: info@easterseals.ab.ca.



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RELEASE OF INFORMATION FOR PUBLICITY

Easter Seals Alberta frequently uses client photographs, thank you letters, personal stories, and/or other identifying material in order to help the general public understand our clients' needs, motivate potential donors to give, and inform our sponsors of the benefits of their donations. Easter Seals Alberta requests your consent to use your personal information.

Please check only the box(es) next to the information for which you give your consent.

- photograph
- thank you letter
- article
- none of the above
- first name only
- first and last name
- city/town of residence
- diagnosis/disability
- age
- personal story

Please check only the box(es) next to the types of communication for which you give your consent.

- Annual report
- Newsletter
- Website (www.easterseals.ab.ca)
- Newspaper article
- Fundraising efforts
- Any other publication that will assist Alberta Easter Seals

I, _____, hereby authorize Easter Seals Alberta to use
(print name)

my information only for the purposes I have indicated above.

I release Easter Seals Alberta, its employees, the board of directors, and its agents from all claims which may arise as a result of the release of information described above.

Signature Date

Witness Date

Please return completed form to:

Red Deer and north:
Easter Seals Alberta
Mayfield Business Centre
404-10525-170 Street NW
Edmonton AB T5P 4W2
Fax 780-429-0137

OR south of Red Deer:
Easter Seals Alberta
103-811 Manning Road NE
Calgary AB T2E 7L4
Fax 403.248.1716