



EMPOWERING *people with disabilities*

EQUIPMENT AND SUPPORT SERVICES APPLICATION FOR HOME AUTOMATION

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: _____

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 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 (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 _____

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:

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.

Supporting Documentation Checklist:

	Attached	To Follow
H.A Personal Assessment	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"/>
*Easter Seals Alberta Membership and Annual Fee	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"/>
Easter Seals Alberta Release of information for publicity	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:

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, 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**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 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.

Home Automation Personal Assessment***

Name: _____

Phone: _____

Email: _____

*** This assessment must accompany the formal Easter Seals Alberta application.

The home automation system is an automation system designed to increase independence through accessibility in the home. The system is individually tailored to meet the needs of the recipient. It uses an easy to operate, tablet/smartphone controlled interface that gives remote access to features such as controlling the television, lights, thermostat, door locks etc. The home automation system is also discrete within the home to maintain the aesthetic integrity, and is installed by professionals to ensure successful operation.

The Automation system provides assistance with multiple actions in the home; please rate the following 1-7 in importance to you:

Turning on and off overhead lighting: _____

Controlling plug in appliances (side lamps, fans, wall heater, etc.) _____

Locking and unlocking outside doors: _____

Opening Blinds: _____

Controlling the television: _____

Opening/closing outside doors: _____

Controlling thermostat: _____

What is your primary means of communication? :

Are you comfortable using a smartphone or tablet? :

How many hours a day are you alone? _____

How many hours a day would you like to be independent in your home? _____

What accessibility tools/equipment do you currently have in your place of residence?

What would you like to have control of in your residence? What are your main obstacles?

Why do you believe you are a good candidate for the program?

Optional: Provide letter of support from someone in your life, personal (family member, friend, etc.) and/or professional (Occupational Therapist, etc.)

Client/Guardian Signature

Date (mm/dd/yyyy)