

Accessibility Supports Equipment Loan Program Application

Client Equipment Funding Request Form

Thank you for your interest in applying to the Easter Seals Alberta Equipment Loan Program. Easter Seals Alberta is an organization dedicated to supporting Albertans living with physical, cognitive, and/or medical disabilities, and our mission is to provide services that foster inclusion, independence, and recreation for our clients.

This program is intended to be a funding option for individuals who have exhausted all other funding resources for accessibility equipment. Equipment that is eligible for funding includes: power mobility devices (i.e. scooters, power wheelchairs), lifts (i.e. vertical lifts, porch lifts, stair lifts, etc.), hospital beds, elevating seats, ceiling tracks, strollers, portable ramps, walking aids, and lift assist chairs. Please note that this is not an exhaustive list and other equipment requests may be considered.

Easter Seals Alberta will provide a maximum of \$5,000.00 in funding towards requested equipment. If an applicant's equipment funding request exceeds this amount, it is the applicant's responsibility to secure funding for the remaining cost. Funding requests that are \$5,000.00 or less are not guaranteed to be approved.

In addition to this application, the following list of supporting documentation must also be submitted:

1. Client Equipment Loan Program Application Form;
2. Occupational or Physiotherapist Assessment;
3. Medical Report Form;
4. Notice of Assessment from the previous 2 years;
5. Vendor quote for your requested equipment.

Applications that are missing one or more of the above documents are considered INCOMPLETE and will not be reviewed until all documents have been received.

Due to the high volume of requests and limited funding, wait times to receive equipment may vary.

The information provided in this application is for the purposes of determining eligibility for assistance through Easter Seals Alberta. The information collected will be held in strict confidence and used only for the purpose for which it is intended.

Please submit your application to accessibilitysupports@easterseals.ab.ca or to the mailing address listed at the bottom of the page. **When submitting your application to the above email address, please include your FIRST and LAST name in the file name.**

Applicant Contact Information

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____



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Relevant Medical Information

Birthdate (MM/DD/YY): _____ Height: _____ Weight: _____ Gender: M F O

Primary Medical Diagnosis related to the equipment request:

Cause: _____ Year of Onset: _____

Secondary Diagnosis: _____

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

Have you applied to Easter Seals Alberta before? ____ (Y/N)

If yes, what was the result? _____

Name and Phone Number of the person who referred you to us:

Secondary Contact Information

Contact Person:

Relationship to applicant: _____

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Occupational Therapist:

Name: _____ Phone: _____

Email: _____

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Living Situation of Applicant

I live alone I live with others Who? _____

Do you rent or own your home? Rent Own

What type of dwelling is it? (ie. Apartment, Assisted Living, Bungalow): _____

Provider of Personal Care/ Support

Family Home Care Assisted Living Private None Other _____

Employment Status

Applicant: _____

Spouse/Parents/Caregiver: _____

Transportation

Are you able to obtain transportation in and out of your home? Yes No

If so, How? _____

How do you get around outside of the home?

Drive own vehicle Relative/Friend Specialized Transportation

Public Transportation Other _____

Equipment Requested

Easter Seals Alberta will only consider one funding request at a time. The following types of equipment are eligible for funding: power mobility devices (i.e. scooters, power wheelchairs), lifts (i.e. vertical lifts, porch lifts, stair lifts, etc.), hospital beds, elevating seats, ceiling tracks, strollers, portable ramps, walking aids, lift assist chairs, and others.

Please note that a quote must be provided in addition to the equipment information below.

Type of Equipment: _____ Make: _____ Model: _____

Have you already completed a trial for this equipment? Yes No

Name of Vendor who completed the trial: _____

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What equipment are you currently 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.

Funding

Easter Seals Alberta is intended to be a funding option for individuals who have exhausted all other funding resources for accessibility equipment. It is the applicant's responsibility to reach out to other organizations prior to applying or create a cost share plan where applicable.

What type of funding assistance are you requesting?

Full Funding Partial Funding Cost share

If you have checked the partial funding or cost share option, what amount will be contributed and by who?

Amount: \$_____ Contributor: _____

Easter Seals Alberta does not reimburse for equipment already purchased.

Equipment repairs and maintenance are the approved applicant's responsibility and are not paid for by Easter Seals Alberta. Please see the Equipment Loan Agreement on page 4 for more details.

What other organizations or programs have you attempted to secure funding from and what was the result?

Do you have an insurance claim pending? 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:

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Maintenance Agreement

If you are approved to receive equipment with funding from Easter Seals Alberta, you are required to comply with the following regulations.

Easter Seals Alberta will contribute payment for 51% or more of total cost of the equipment, therefore retaining ownership of the equipment except for where other arrangements have been made. Equipment that has been provided will be considered as a loan to you for as long as you need it. Easter Seals Alberta will be contacting you annually to ensure that the equipment is in good repair and is still meeting your needs. If you have a change of address or phone number, you are required to let Easter Seals Alberta know as soon as possible.

If the equipment that has been loaned to you by Easter Seals Alberta no longer meets your needs and requires replacement, or if you require additional equipment, you may re-apply to the Equipment Loan Program. All new applications will undergo the regular application process. Should the time come when you no longer need the equipment, please contact Easter Seals Alberta so that the equipment can be returned to our loan pool and be recycled back out to another client. **Should Easter Seals Alberta deem that we are no longer able to recycle the piece of equipment, it will be your responsibility to dispose of the equipment.**

While you are using the equipment, you are responsible for the cost of repairs and maintenance (including battery replacements on power mobility aids). If you are operating the equipment in an unsafe manner, damage the equipment, or are unable to pay for maintenance and repairs of the equipment, Easter Seals Alberta retains the right to have the equipment returned to our loan pool.

Below is a list of requirements to ensure your equipment remains in the best possible condition and that you will be operating the equipment safely.

Power mobility aids:

1. Turn off and remove keys to your mobility equipment prior to dismounting;
2. Lock the seat and tiller on scooters into place before operating the mobility scooter;
3. Approach curb cuts and inclines straight on to prevent tipping your scooter or power wheelchair;
4. Be aware of hazards around the equipment before and while using the equipment;
5. Store any power mobility aids in an enclosed shelter to protect from theft, damage and extreme temperatures;
6. It is your responsibility to replace a scooter or power wheelchair in the event of theft or damage through negligence;
7. You must obtain replacement insurance on scooters loaned to you;
8. Be able to safely and independently transfer on and off of the scooter;
9. Be aware that power scooters are defined as a mobility device under Alberta Transportation Legislation, and therefore pedestrian rules apply;
10. Have the electronic brake engaged when getting on and off the scooter;
11. Do not let others borrow or ride on the scooter;
12. Do not exceed the weight capacity on your scooter (including the weight of transported items);
13. Never operate your scooter under the influence of drugs or alcohol. Never operate the scooter under the influence of medications that impair your ability to drive;

Please submit applications to accessibilitysupports@easterseals.ab.ca

Easter Seals Alberta | P: 403.235.5662 | F: 587.391.1751 | 103, 811 Manning Rd. NE Calgary AB T2E 7L4

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All Equipment (including power mobility aids):

14. Read the owners manual to learn more about how your equipment works. If you are not provided with an owner's manual, we recommend searching the internet to learn more;
15. Be aware that regular maintenance increases the safety and longevity of the equipment;
16. You accept financial responsibility for the repair and maintenance of the equipment;
17. Return the equipment to Easter Seals Alberta if your condition changes and you are no longer able to safely operate the equipment, or if you move out of province.
18. You may not sell, consign, transfer ownership or dispose of the equipment without consulting Easter Seals Alberta.

Please sign below to indicate that you have read and understand our maintenance agreement. Once your application has been approved and you receive your equipment, we will send you a copy of this agreement for your records.

Applicant Name: _____

Applicant Signature: _____

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Applicant's Financial Status

Please record your currently monthly financial status in the space provided.

Monthly Income (Net Family)	
Self (Employment)	
Spouse/ Parents/ Caregivers	
Child Tax Credit	
AISH	
Alberta Works (Income Support)	
Other Income This could include; private insurance, long term disability, student loans, rentals, Health and Welfare Canada, investment income, EI, child maintenance, WCB, CPP, GIA, Alberta seniors benefit, old age pension, DVA, trust funds or anything else. Please itemize your other income below.	
Total Income	\$

Assets and Liabilities

Assets	
If owned, estimated value of primary residence	
Estimated value of other property owned	
Estimated value of vehicles	
Savings	
Stocks/Bonds	
RRSP	
Other Investments: _____ _____	
Insurance Settlements:	
Total Assets	\$

Liabilities		
	Monthly Payment	Balance Owing
Mortgage		
Vehicles		
Credit Card (list)		
Other: _____ _____		
Total Liabilities	\$	

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Media Release

I (the APPLICANT) hereby authorize any images or video footage taken of myself, in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Easter Seals Alberta Website and other official channels (including social media), and to be used for media purposes including promotional presentations and marketing campaigns.

I waive rights to privacy and compensation, which I may have in connection with such use of my name and likeness, including rights to written copy that may be created in connection with video production, editing and promotion therewith.

By providing consent, I (the APPLICANT) confirm that I have read this waiver and am familiar with its content.

If you are completing this application on behalf of the applicant, by providing consent you (the PARENT and/or LEGAL GUARDIAN) confirm that you are over 18-years-of-age and are the parent and/or guardian of the applicant, have read this waiver, and are familiar with its content.

Name of Applicant (please print): _____

Signature of Applicant: _____

Name of Parent and/or Legal Guardian (if applicable): _____

Signature of Parent or Guardian: _____

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Thank you for applying to the Easter Seals Alberta Equipment Loan Program. Our staff will review your application upon its receipt and will contact you regarding the status of your application as soon as possible.

Please note that your application will not be reviewed until Easter Seals Alberta has received all mandatory documentation.

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 personal information, please contact Easter Seals Alberta.