

Accessibility Supports Equipment Loan Program Application

Medical Report Form

To be completed by the applicant's family physician who is familiar with applicant's condition. Please complete this form for power mobility and hospital bed equipment requests as well as Give a Kid a Lift program applications.

Easter Seals Alberta requires a medical report form be completed in conjunction with the Equipment Loan Program Client Application and Give a Kid a Lift Application when applying for assistance in obtaining mobility equipment.

Easter Seals Alberta will provide a maximum of \$5,000.00 in funding towards power mobility or hospital bed 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.

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

The information provided in this document 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 note that the applicant is responsible for costs associated with completing this form.

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

Applicant Information

Applicant Name: _____

Primary diagnosis: _____ Height: _____ Weight: _____

Other conditions pertaining to the need for a mobility aid(s):

Applicant's Mobility

What is the applicant's primary method of mobility?

Unassisted Cane/crutches Walker Manual wheelchair Power mobility

What difficulty is the applicant having with this method?

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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Does the applicant's physical condition warrant the need for a power mobility aid or hospital bed in order to complete daily living activities because they are unable to transfer, walk (with aids if necessary), or self-propel a manual wheelchair functionally more than 50 meters (150 feet)?

Yes No

If yes, which type of power mobility aid would be most suitable to the applicant's physical condition and intended use?

Power wheelchair Three wheeled scooter Four wheeled scooter Hospital bed

Please explain: _____

Is the applicant's condition progressive, requiring reassessment of ability to safely use the mobility aid?

Yes No

If yes, when this should be done and by whom? _____

Does the applicant have a visual, cognitive, or physical impairment that would risk their safety, safety of others, or risk damage to property if they were using the mobility aid?

Physician Name: _____ Date: _____
(please print)

Physician Signature: _____ Phone Number: _____

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.

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