

Home Automation Request Form

Easter Seals Alberta is an organization dedicated to supporting Albertans living with physical, cognitive, and/or medical disabilities. The Accessibility Supports AccessAbilities Program is intended to provide home automation items to increase the quality of life and independence of Albertans living with disabilities.

Equipment that is available under this program includes:

- Smart Speakers
- Smart Displays
- Smart Plugs
- Smart Lighting
- Smart Thermostats
- Smart Locks
- Video Doorbells

In addition to this application, the following list(s) of supporting documentation must also be submitted.

- Medical Report or Letter from Medical Doctor confirming medical diagnosis.

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.

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: _____

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

Please submit applications to accessibilitysupports@easterseals.ab.ca

Relevant Medical Information

Primary Medical Diagnosis related to the request: _____

Secondary Diagnosis: _____

Please explain how your diagnosis affects your independence and day to day life.

Are you a past/ current Easter Seals Alberta Client? _____ (Y/N)

If yes, what program? _____

How did you hear about us?

Secondary Contact Information

Contact Person:

Relationship to applicant: _____

Name: _____ Phone: _____

Email _____

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 _____

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

Equipment Requested

- Smart Speaker
- Smart Display
- Smart Plugs (2)
- Smart Lightbulbs (4)
- Smart Thermostat
- Smart Deadbolt Lock
- Video Doorbell

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.

Accessibility Supports AccessAbilities Program Application

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	\$

Monthly Expenses (Net Family)

Monthly expenses could include the following; rent/mortgage, utilities (gas, water, electricity), food, clothing/personal grooming, medical/dental, vehicle (payments, fuel, maintenance registration), Insurance (property and/or vehicle), property tax, mobile lot fee, condo fees, public transportation, household supplies, cell phone, landline, cable, entertainment, gifts, church, home repairs, children (school, extracurricular activities, care, allowance, etc), pet care and others. Please include an itemized list and what you spend on each item below.

Monthly Expense (Item)	Cost
Total Monthly Expenses:	\$

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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: _____

Equipment 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. 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 AccessAbilities 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.**

1. 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;
2. You accept financial responsibility for the installation, repair and maintenance of the equipment;
3. 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: _____

Thank you for applying to the Easter Seals Alberta AccessAbilities 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.

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