

DATE: ___/___/___

Client Equipment Funding Request Form

Thank you for applying to the Equipment Loan Program. This program relies entirely on donations and private funding and is intended to be a funding option for individuals who have exhausted all other funding options.

Eligible Equipment 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.

Non-Eligible Equipment Includes: manual equipment (i.e., walkers, crutches, manual wheelchairs, etc.), home and vehicle modifications, or accessories.

Easter Seals Alberta may provide a maximum of \$5,000.00 towards one piece of equipment. If an applicant's funding request exceeds this amount, it is their responsibility to secure the remaining funding. Due to limited funding not all requests are approved, if your request is denied you may reapply one year from the date of denial. If you are approved, you are only eligible for one piece of equipment every 5 years. Easter Seals Alberta does not reimburse for equipment that has already been purchased.

The following list of supporting documentation must also be submitted along with this application:

- 1. Occupational or Physiotherapist Assessment
- 2. Notice of Assessment from the previous 2 years for applicant and spouse/partner (if applicable)
- 3. Vendor quote for your requested equipment
- 4. Cost share letter (if applicable)

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. Whenever possible please send the complete application along with all the required documents at once as a PDF document. The information provided and collected in this application is for the purpose of determining eligibility for assistance through Easter Seals Alberta. It will be held in strict confidence and used only for this purpose.

Harassment of Easter Seals Alberta staff will not be tolerated. Doing so may result in your application being withdrawn.

Applicant Contact Information

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Contact Person:

Relationship to applicant: _____

Name: _____ Phone: _____

Email: _____

Occupational Therapist:

Name: _____ Phone: _____

Email: _____

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Relevant Medical Information

Birthdate (MM/DD/YY): ____/____/____ Height (Ft/In): _____ Weight(lbs): _____ Age: _____
 Gender: _____

Disability Information (please check all that apply to your equipment and/or funding request):

<input type="checkbox"/> Age Related Problems	<input type="checkbox"/> Paraplegia
<input type="checkbox"/> Amputation	<input type="checkbox"/> Quadriplegia
<input type="checkbox"/> Congenital Limb Difference	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Parkinson's/Multiple System Atrophy (MSA)	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Spinal Stenosis
<input type="checkbox"/> Epilepsy/Non-Epileptic Seizures	<input type="checkbox"/> Diabetes Type 1/Type 2
<input type="checkbox"/> Dementia/Alzheimer's Disease	<input type="checkbox"/> Chronic Pain
<input type="checkbox"/> Osteoarthritis/ Rheumatoid Arthritis	<input type="checkbox"/> Cancer
<input type="checkbox"/> Cerebral Vascular Accident/ Bell's Palsy/ Stroke	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Degenerative Disc Disease (DDD)	<input type="checkbox"/> Brain Injury
<input type="checkbox"/> Fibromyalgia/Chronic Fatigue Syndrome (CFS)	<input type="checkbox"/> Spinal Cord Injury
<input type="checkbox"/> Connective Tissue Disease (Ehlers Danlos, scleroderma, etc.)	<input type="checkbox"/> Emphysema
<input type="checkbox"/> Chronic Heart Disease/ Chronic Heart Failure	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Progressive/Degenerative Disease	<input type="checkbox"/> Neuropathy
<input type="checkbox"/> Polio/Post-Polio Syndrome	<input type="checkbox"/> Osteoporosis

Other (please explain): _____

How does your diagnosis affect your day-to-day life and your need for equipment?

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Easter Seals Alberta Client Information

Have you applied to Easter Seals Alberta before? ____ (Y/N) If yes, when _____.

Was your application Approved Denied

Have you previously participated in other Easter Seals Alberta programs? If yes, what programs and when?

Living Situation of Applicant

I live alone I live with others Who: _____ Do you rent or own your home? Rent Own

Type of Dwelling: Apartment House Duplex Townhome Mobile Home Condo Assisted Living

Other (please explain): _____

Storage and Accessibility

Where will this equipment be stored? _____

If inside your residence, is the access to your residence accessible? Yes No

Is the inside of your home accessible? Yes No

Please provide any relevant details _____

Provider of Personal Care/Support/Assistance (if applicable)

Family Member Friend Home Health Aide Nurse CNA Physical Therapist Occupational Therapist

Other (please explain): _____

Current Equipment (please check all that apply)

Mobility: Unassisted Walker Cane/ Crutches Mobility Scooter Manual Wheelchair

Power Wheelchair Other: _____

Lift Devices: Vertical Lift Porch Lift Stair Lift

Other: _____

Other: Hospital Bed Elevating Seat Ceiling Tracks Stroller Portable Ramp Lift Assist Chair

Other: _____

Transportation

How do you get around in the community? Drive Relative/Friend Public Transportation

Specialized Transportation (Access/ DATS) Other: _____

Equipment Requested

Power Mobility: Mobility Scooter Power Wheelchair Other: _____

Lift Devices: Vertical Lift Porch Lift Stair Lift Other: _____

Other : Hospital Bed Elevating Seat Ceiling Tracks Stroller Portable Ramp Lift Assist Chair

Other: _____

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Please note: We require a trial to be done to ensure a proper fit for you, your needs, and your lifestyle.

Have you completed a trial for the equipment you are requesting: Yes No

If yes, where: In home Community At Vendor When? _____

Name of Vendor who completed the trial: _____

How will the requested equipment benefit you? (please check all that apply):

Independence Reduced pain Improved Balance Improved Coordination Improved Stability

Getting Out and About Running Errands Attending Appointments Easier Travel Less Stress

Mental Health Attending school / work Volunteering

Other (please explain): _____

Please tell us more about the expected benefits to your day to day life?

Funding Request

Full Funding

Cost share (with attached letter)

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

Amount: \$_____ Who: Applicant Family Member Friend Agency/Organization/Program

Agency/Organization/Program: _____

Easter Seals Alberta does not reimburse for equipment already purchased.

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

Is there anything else about your financial situation you feel we should be aware of? If so, please explain below:

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Applicant's Financial Status (Do not include roommates)- please check the boxes that indicate your source(s) of income)

Applicant Income (TABLE A)	Monthly Amount	
<input type="checkbox"/> Employment/Self-Employment	\$	
<input type="checkbox"/> Employment Pension	\$	
<input type="checkbox"/> Canada Pension Plan (CPP)	\$	
<input type="checkbox"/> Canada Pension Plan Disability (CPP-D)	\$	
<input type="checkbox"/> Employment Insurance	\$	
<input type="checkbox"/> Assured Income for the Severely Handicapped (AISH)	\$	
<input type="checkbox"/> Alberta Works Income Support	\$	
<input type="checkbox"/> Old Age Security	\$	
<input type="checkbox"/> Alberta Seniors Benefit	\$	
<input type="checkbox"/> Child Tax Benefit	\$	
<input type="checkbox"/> Workers Compensation Board (WCB)	\$	
<input type="checkbox"/> Other:	\$	Table A Total
<input type="checkbox"/> Other:	\$	\$

Spouse/ Partner Income (TABLE C)	Monthly Amount	
<input type="checkbox"/> Employment/Self-Employment	\$	
<input type="checkbox"/> Employment Pension	\$	
<input type="checkbox"/> Canada Pension Plan (CPP)	\$	
<input type="checkbox"/> Canada Pension Plan Disability (CPP-D)	\$	
<input type="checkbox"/> Employment Insurance	\$	
<input type="checkbox"/> Assured Income for the Severely Handicapped (AISH)	\$	
<input type="checkbox"/> Alberta Works Income Support	\$	
<input type="checkbox"/> Old Age Security	\$	
<input type="checkbox"/> Alberta Seniors Benefit	\$	
<input type="checkbox"/> Child Tax Benefit	\$	
<input type="checkbox"/> Workers Compensation Board (WCB)	\$	
<input type="checkbox"/> Other:	\$	Table B Total
<input type="checkbox"/> Other:	\$	\$

Applicant Income (TABLE A)	Monthly Amount	
<input type="checkbox"/> Employment/Self-Employment	\$	
<input type="checkbox"/> Employment Pension	\$	
<input type="checkbox"/> Canada Pension Plan (CPP)	\$	
<input type="checkbox"/> Canada Pension Plan Disability (CPP-D)	\$	
<input type="checkbox"/> Employment Insurance	\$	
<input type="checkbox"/> Assured Income for the Severely Handicapped (AISH)	\$	
<input type="checkbox"/> Alberta Works Income Support	\$	
<input type="checkbox"/> Old Age Security	\$	
<input type="checkbox"/> Alberta Seniors Benefit	\$	
<input type="checkbox"/> Child Tax Benefit	\$	
<input type="checkbox"/> Workers Compensation Board (WCB)	\$	
<input type="checkbox"/> Other:	\$	Table C Total
<input type="checkbox"/> Other:	\$	\$

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TOTAL MONTHLY INCOME (TABLE D) (please write total amounts contributed by each household member and then the complete total amount in the table below)

Income Source	Monthly Amount
Applicants Total Monthly Income (table A)	\$
Spouse/Partners Total Monthly Income (table B)	\$
Family/Dependents Total Monthly Income (table C)	\$
Total Household Monthly Income	\$

Notice of Assessments

Please include the most recent Notice of Assessments from the Canada Revenue Agency for your household members when returning this application. Please also include your student loan notice of assessment if applicable.

MONTHLY EXPENSES (TABLE E) (please check the box(es) next to **all** monthly expenses for your household and write the amount spent on that expense monthly in the box beside it)

Type of Expense	Monthly Amount
<input type="checkbox"/> Rent or Mortgage- balance \$	\$
<input type="checkbox"/> Renters or Homeowners Insurance	\$
<input type="checkbox"/> Property Taxes	\$
<input type="checkbox"/> Condo Fees or Mobile Lot Fee	\$
<input type="checkbox"/> Gas, Heat, Electricity & Water	\$
<input type="checkbox"/> Internet	\$
<input type="checkbox"/> Phone (landline and/or cell)	\$
<input type="checkbox"/> Cable / Streaming	\$
<input type="checkbox"/> Vehicle Gas and Maintenance	\$
<input type="checkbox"/> Vehicle Payments- balance \$	\$
<input type="checkbox"/> Vehicle Insurance	\$
<input type="checkbox"/> Bus/Transit Pass/ Taxi / Specialized Transportation	\$
<input type="checkbox"/> Personal Care / Clothing	\$
<input type="checkbox"/> Groceries/Food/Meal Kits	\$
<input type="checkbox"/> Medical and Dental (non-insured)	\$
<input type="checkbox"/> Home Health Care	\$
<input type="checkbox"/> Pet Care	\$
<input type="checkbox"/> Child Care / School Fees	\$
<input type="checkbox"/> Child and/or Spousal Support	\$
<input type="checkbox"/> Leisure Activities and Hobbies	\$
<input type="checkbox"/> Gifts / Donations	\$
<input type="checkbox"/> Credit Cards- balance \$	\$
<input type="checkbox"/> Loans – balance \$	\$
<input type="checkbox"/> Other:	\$
<input type="checkbox"/> Other:	\$
Total Monthly Expense Amount	\$

Total monthly income from **ALL** sources (total amount from table D) \$ _____

Total monthly expenses from **ALL** sources (total amount from table E) \$ _____

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Maintenance Agreement (please keep a copy of this agreement for your own records)

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

If Easter Seals Alberta contributes 51% or more of total cost of the equipment, we will retain ownership of the equipment. 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 you have any concerns with your equipment you are to notify Easter Seals immediately.

Easter Seals Alberta will be contacting you annually to ensure the equipment is in good repair and is still meeting your needs. Annual contact is a requirement of this program, regardless of the level of funding that you received through the program.

If the equipment no longer meets your needs/requires replacement, or if you require additional equipment, you may re-apply to the Equipment Loan Program once the previous equipment has been returned, or you have been otherwise directed by your Case Coordinator. All new applications will undergo the regular application process.

Power mobility aids:

1. Have the electronic brake engaged 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 power mobility aid.
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 and damage.
6. It is your responsibility to replace a scooter or power wheelchair in the event of theft or damage through negligence
8. Be able to transfer on and off the scooter safely and independently.
9. Be aware that power scooters are defined as a mobility device under Alberta Transportation Legislation, and therefore, pedestrian rules apply.
10. Do not let others borrow or ride on the scooter.
11. Do not exceed the weight capacity on your scooter (including the weight of transported items)
12. Never operate your scooter under the influence of drugs, alcohol, or medications that impair you.

All Equipment (including power mobility aids):

13. Read the owner's 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.
14. Be aware that regular maintenance increases the safety and longevity of the equipment.
15. 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.

- **You may not sell, consign, transfer ownership, or dispose of the equipment without consulting Easter Seals Alberta.**
- **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).**

Please sign below to indicate that you have read and understand our maintenance agreement.

Date (mm/dd/yy): ___/___/___

Applicant Name: _____ Applicant Signature: _____

Parent/Guardian Name: _____ Parent/ Guardian Signature: _____
(if applicable) (if applicable)



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Media Release

Equipment from the Easter Seals Alberta Equipment Loan Program is not government funded. We rely on generous donors within the community to be able to provide this service.

Easter Seals Alberta uses client photos, thank you letters, personal stories, and/or other identifying information to educate the community of what we do and who we are, motivate potential donors to give, and inform our sponsors of the benefits of their donations. Easter Seals Alberta requests the use of your personal information for the purposes outlined above.

Only first names will be used, and pseudonyms can be used upon request.

If your application is approved, a representative from Easter Seals Alberta will contact you shortly after your equipment is delivered and annually thereafter. At this time, we will request a photograph and ask questions about the impact that the equipment has had on your day-to-day life.

I understand and agree that I will not receive any payment for my time or expenses, or any royalty/compensation for the use of photograph(s)/video(s), names or personal stories. I also hereby release Easter Seals Alberta and its representatives from any such claims in the future.

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 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: _____

Date: (mm/dd/yy)____/____/____

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.