

ACCESSIBILITY SUPPORTS APPLICATION FOR EQUIPMENT



Applicant's Last Name: _____ First Name: _____

Mailing address: _____ City: _____ Postal Code: _____

Street address if different from above: _____

Phone: (____) _____ Cell: (____) _____ E-mail: _____

Birthdate (M/D/Y): _____ Height: _____ Weight: _____ Gender: Male Female Other

Marital Status: Single Married

Medical Diagnosis related to equipment request: _____

Cause: _____ Year of onset: _____

Secondary Diagnosis: _____

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

Contact person (if other than applicant): Relationship to applicant: _____

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

Relationship to applicant: _____

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

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 _____

What equipment are you requesting? (We can only consider one funding request at a time)

Type of equipment: _____ Make: _____ Model: _____

Vendor who completed trials: _____

What equipment are you presently 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.

What type of funding assistance are you requesting?

Full amount ____ Interest Free Loan ____ Cost-share ____ How much can you or your family contribute? \$_____

Easter Seals Alberta does not reimburse for equipment purchased nor become involved with requests after equipment is ordered.

If Easter Seals Alberta has contributed 51% or more of the cost of equipment, Easter Seals Alberta will retain ownership.

Are there any other potential funding sources or cost share agencies that you have talked to:

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:

Mandatory Supporting Documentation Checklist:

	Attached	To Follow
Physio/Occupational Therapist Assessment	Yes ____ No ____	____
Doctor's letter/Medical Report Form	Yes ____ No ____	____
Previous 2 years Notices of Assessment from CRA/AISH stub (household)	Yes ____ No ____	____
Equipment price quote (s)	Yes ____ No ____	____
*Easter Seals Alberta Membership and Annual Fee	Yes ____ No ____	____
Easter Seals Alberta Release of Information for Publicity	Yes ____ No ____	____
Other supporting documentation	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 for marketing purposes, if your application is successful?

Yes ____ No ____

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 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:	\$

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:	\$

Liabilities		
	Monthly Payment	Balance owing
Mortgage		
Vehicle (s)		
Credit card (list):		
Other:		
Total Liabilities:	\$	

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 – Accessibility Supports Program that I **cannot sell, consign, transfer ownership or dispose** of equipment received as it remains the property of Easter Seals Alberta.

By submitting this application, I agree to allow Easter Seals Alberta to use my name, information and story in fundraising requests. In addition, I agree to allow Easter Seals Alberta to contact me in regards to volunteering opportunities for the organization (this will not be frequently). You are under no obligation to volunteer.

I _____ Understand and agree to the conditions above.

RELEASE OF INFORMATION FOR PUBLICITY

Easter Seals Alberta frequently uses client photographs, thank you letters, personal stories, and/or other material in order to help the general public understand our clients' needs, motivate potential donors to give, and inform our sponsors of the benefits of their donations. Easter Seals Alberta requests your consent to use your personal information.

This could include; your first name only, city or town, diagnosis or disability, age, personal story, photograph and communications (ie. Thank you letters).

This could include the following mediums; annual reports, newsletters, blogs, social media, and other communications as needed. We will request an additional consent form for any large projects we wish to create with any of your information on them (ie. Videos, large scale signage, fund a need, etc.)

I, _____, hereby authorize Easter Seals Alberta to use
(print name)
my information only for the purposes indicated above.

I release Easter Seals Alberta, its employees, the board of directors, and its agents from all claims which may arise as a result of the release of information described above.

Signature Date

Witness Date

Application for Membership

Membership fees enable us to continue to support, increase awareness, and offer services, resources and programs for individuals with disabilities or medical conditions and their families.

Your \$20.00 annual membership entitles you to:

- **A charitable tax receipt for the full amount**
- **Our newsletter**

I _____ hereby apply for membership or to renew my membership with Easter Seals Alberta (also known as Easter Seals Alberta Society).

I acknowledge that as a Member, I must support and endorse the work and goals of the Society, pay the annual membership fee, and adhere to the Bylaws of Easter Seals Alberta* at all times during my membership in the Society.

I will fulfill my responsibilities as a Member of Easter Seals Alberta during the tenure of my membership.

Dated this ____ day of _____, 20__.

****Please note memberships are \$20.00 per person annually.**

A tax receipt will be sent out upon receipt of payment.

There are 3 ways to pay:

- 1) Cheque – please make cheque payable to: Easter Seals Alberta
- 2) Pay by Credit Card

Name on Card: _____

Card Number: _____ EXP: ____/____ CCV: _____

- 3) On-Line – Please visit www.easterseals.ab.ca (Donations/Membership)

*Society By-laws are available upon request at the offices of Easter Seals Alberta Society. Contact us at (403) 235-5662, or e-mail the organization at: info@easterseals.ab.ca.

Please return completed form to:

Easter Seals Alberta
Suite 103, 811 Manning Road NE
Calgary AB T2E 7L4

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 Human Services 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.