



Nova Scotia

Active Living
Assistive Devices
Family & Community Support

Donated Equipment Program

c/o Easter Seals Nova Scotia
3670 Kempt Rd., Halifax NS B3K 4X8
Tel: 902-453-6000, ext. 226
Fax: 902-454-6121
Email: f.joudrey@easterseals.ns.ca

Easter Seals Assistive Devices -- DONATED EQUIPMENT LOAN Request 2015

Items that may be available include: wheelchairs & cushions, walkers, bathroom safety equipment in the home, bed rails, lift chairs, personal lifts.

Note: Ceiling & stair lifts may be available but installation costs are the responsibility of the client.

Requests are not limited by applicant's age but request must be submitted by an Occupational/Physio. therapist or other health professional knowledgeable of home health care equipment.

NAME: BIRTH DATE-(Yr/Month/Day):

ADDRESS*: (Street) (Community)
(Postal Code) (County) (Phone No)

If under 18, give parents' names:

*Delivery Instructions:

The following information is to be completed by the client's health professional:

Client Medical Diagnosis:

Item Required:

Equipment Specifics:

Referring Occupational/Physio. Therapist:

Contact Info: Tel No. Fax No.

Email:

Occupational Therapist signature

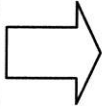
If Applicable, Community Services Case Worker's Name:

Date of request: (Form Effective April 2015)- Pg.1 of 2

If you have private insurance, please provide:

Name of company: _____

Amount of coverage: _____



Required: If the equipment is valued at over \$1,000, the applicant's family's past year's income is needed. This can be one of the following:

- Notice of Tax Assessment(s), **OR** CPP Income Statement(s)

OR Dept. of Health Home Care letter indicating financial need

OR Health Care Professional's letter indicating financial need

OR Dept. of Community Services Case worker's name & contact information:

(Community Services Case Worker's Name)

Tel: _____
(Contact Tel. No.)

Client/Borrower Acknowledgment and Waiver – Read Carefully Before Signing

If your application is accepted, the equipment noted on page 1 of this form will be loaned to you by Easter Seals Nova Scotia as part of the services provided under the Easter Seals Nova Scotia Assistive Devices Program.

The equipment is the property of Easter Seals Nova Scotia and shall be returned by you when it is no longer needed or at the request of Easter Seals Nova Scotia.

Your signature below acknowledges that you will seek instruction in the use of the equipment as may be needed by you and that you will comply with any use and safety guidelines that may be associated with the equipment.

Easter Seals Nova Scotia does not assume liability for the equipment nor for your use of the equipment as you will be using it unsupervised by Easter Seals Nova Scotia staff. By making this application and accepting the loan of the equipment, you agree to accept any risk that may be associated with the use or operation of the equipment and agree to waive any right you may have to claim against Easter Seals Nova Scotia, its officers, directors, affiliates, agents and employees for any injury, loss or damage that may arise out of your possession, use or operation of the equipment.

The information provided to Easter Seals Nova Scotia in relation to this equipment loan is used only for the administration of the equipment loan and for statistical purposes. The Easter Seals Privacy Policy can be viewed at www.easterseals.ns.ca.

Signature of Client/Borrower

Date

***Signature or verbal approval to OT is accepted to release equipment to the applicant.**

Return form with required documents to:

Assistive Devices Program, c/o Easter Seals Nova Scotia, 3670 Kempt Rd., Halifax NS B3K 4X8,
Or fax to: 902-454-6121. For further information, contact Easter Seals Nova Scotia at 902-453-6000, ext. 226 or email: f.joudrey@easterseals.ns.ca