Ontario & Nunavut

Equipment Program Application Form

Muscular Dystrophy Canada recognizes the pressures on families and individuals with disabilities to secure affordable equipment. Muscular Dystrophy Canada strongly believes that it should be the responsibility of the government to fulfill the needs of Canadians with disabilities. In support of our mission and in response to the lack of this support, Muscular Dystrophy Canada draws on available fundraising dollars to provide assistance through our Mobility Equipment Program.

Muscular Dystrophy Canada is a non-profit organization dedicated to helping Canadians with neuromuscular disorders live fuller, more active, independent lives. We rely heavily on the generous donations from the public to achieve our mission. For more information please visit www.muscle.ca.

To apply to Muscular Dystrophy Canada for funding assistance for equipment, please complete this application form. If you have questions, or to obtain a complete list of the equipment covered by Muscular Dystrophy Canada in your region, please contact your local Services Department at the address below.

Muscular Dystrophy Canada will not reimburse for previously purchased equipment. Muscular Dystrophy Canada will only provide financial assistance to those clients who have completed the application process and received official approval from our Services Department prior to purchasing the item.

1. Applications will not be processed until all of the following information is provided:

❑	This completed application form
❑	Quotes from 2 different equipment vendors for the requested item
❑	Letter of medical necessity for equipment, signed by health care professional (OT, PT, ORTHOTIST)
❑	Approval or denial letter from insurance company (if applicable)
❑	Signed liability waiver (page 3 of application)

2. Applicant information:

First name: .... Last name: ....

Date of birth: Y Y Y Y / M M / D D Phone number: ....

Address: ....

City: .... Province: .... Postal code: ....

E-Mail address: ....

Guardians name (if applicant is under 18): ....

Are you:			
	A recipient of Social assistance	❑ Yes	❑ No
	A member of a Muscular Dystrophy Canada Chapter	❑ Yes	❑ No
	Covered by private insurance/group benefits *	❑ Yes	❑ No

* If you have private insurance **we require a letter from them** stating you were declined or approved and the approval amount.

3. For office use only:

Client ID: .... ❑ Amount Approved: .... Signed: ....

Region: .... ❑ Declined Reasoning: ....

Project code: .... GL Account: .... Unit: ....

Submit completed application to:

2345 Yonge Street, Suite 901 Attention: Services Department
Toronto, Ontario M4P 2E5 or fax: 416.488.0107

Ontario & Nunavut
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4. Contact information of health care professional:

First name: .... Last name: ....

Phone number: .... Organization: ....

Address: ....

City: .... Province: .... Postal code: ....

E-Mail address: .... ❑ OT ❑ PT ❑ ORTHOTIST

5. Notes from health care professional:

Equipment type: ....

Please provide a few lines of rationale for the equipment request. Feel free to attach a letter on a separate page.

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6. Equipment Funding:

Muscular Dystrophy Canada policy states that equipment and repairs costing less than $200.00 will not be considered for funding.

Due to funding restrictions, there is a maximum funding amount of $2,640 per item. Cost-sharing is an essential component of the Equipment Program*. Please list any additional funding sources.

Have you approached other funders? ❑ Yes ❑ No

Funder name	Amount requested	Approved
• Muscular Dystrophy Canada	$	❑ Yes ❑ No ❑ Pending
•	$	❑ Yes ❑ No ❑ Pending
•	$	❑ Yes ❑ No ❑ Pending
•	$	❑ Yes ❑ No ❑ Pending
Total requested from funding agencies:	$	
TOTAL EQUIPMENT COST:	$	

Signature of health care professional: .... Date: ....

**Muscular Dystrophy Canada requests a $200 contribution from our clients toward all equipment requests.*

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Muscular Dystrophy Canada | Dystrophie musculaire Canada

7. Conditions and Care of Equipment

Upon delivery, the vendor (chosen by the client) is responsible for the inspection and safe working order of the equipment. Muscular Dystrophy Canada has carried out no inspection of this equipment and is not responsible for ensuring that it is free from defects. You acknowledge that Muscular Dystrophy Canada has no responsibility for maintenance of this equipment while it is in your possession, or for loss, damage or expense caused to you or others by improper inspection, repair, condition or use of the equipment. You are responsible for ensuring that the equipment is properly maintained and safely operated.

Regular inspection and maintenance of all equipment is your responsibility and is essential to ensure its safety and efficiency. Please ask the supplier for specific instructions about the maintenance program required for your equipment.

Correct operation of all equipment is an essential safety measure. It is imperative that you ensure you and/or the individuals operating the equipment be fully instructed in its correct operation. It is also essential the equipment be used only for the purpose for which it was prescribed. Please consult your instruction manual, supplier, or therapist's office if you have any questions regarding use of this equipment.

8. Liability Waiver:

Muscular Dystrophy Canada has relied upon a medical professional's recommendation in agreeing to consider a financial contribution to enable you to acquire the equipment described herein. By signing this Application you acknowledge and agree that Muscular Dystrophy Canada has no liability whatsoever with respect to the medical professionals recommendation, or any loss, damage, or expense sustained by you.

❑ **I acknowledge that I have read, understood, and accepted the terms as stated above.**

Signature of client (or Parent or Guardian, if under 18) Date

Print Name

Equipment Requested (Description e.g. manual wheelchair, ceiling track lift)

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