

Atlantic Equipment Program Application Form



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. We recognize the pressures on families and individuals with disabilities to secure 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 Equipment Program. To access the equipment program, you must have a confirmed diagnosis of a neuromuscular disorder under the Muscular Dystrophy Canada umbrella and be a registered client with the organization. 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.

COMPLETE AND ACCURATE FORMS WILL HELP TO PREVENT DELAYS

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

<input type="checkbox"/>	This completed application form
<input type="checkbox"/>	Quotes from 2 different equipment vendors for the requested item <small>(one from Lawtons Home HealthCare)</small>
<input type="checkbox"/>	Letter of medical necessity for equipment, signed by health care professional (OT, PT, ORTHOTIST)
<input type="checkbox"/>	Approval or denial letter from insurance company (if applicable)
<input type="checkbox"/>	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 (mandatory if available):			
Guardians name (if applicant is under 18):			
Are you:	A recipient of Social assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	A member of a Muscular Dystrophy Canada Chapter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Covered by private insurance/group benefits *	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	Region:	Diagnosis:
Total Cost:	<input type="checkbox"/> Declined	MDC Paying:
Project Code:	GL Account:	Other Funding:

Submit completed application to:
 150 Isabella St, Suite 301, Ottawa, ON K1S 1V7
 Toll-Free: 1-800-567-2873 x1121 Fax: 613.567.2288



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4. Contact information of health care professional:

First name: Last name:

Phone number: Fax:

Organization:

Address:

City: Province: Postal code:

E-Mail address:

OT PT ORTHOTIST Other (please specify):

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. If this poses a financial burden please contact the Services office.

Due to funding restrictions, cost-sharing is an essential component of the Equipment Program. Please list any additional funding sources. Funding approvals are valid for 6 months.

What other funders have you approached?

Funder name	Amount requested	Approved
• Muscular Dystrophy Canada	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Total requested from funding agencies:	\$	
TOTAL EQUIPMENT COST:	\$	

Signature of health care professional: Date:

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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)

Please note that Muscular Dystrophy Canada have Service Specialists that are available to assist you at any point. The service specialist can assist with completing the equipment funding application, helping you source out any other potential funders, liaison between funders to pull all funding together. To ask questions, gather support or simply to gather information please call 1 866 687 2538 ext. 4109.