



Equipment Funding Assistance Application

ALS Society of Canada | Société canadienne de la SLA

www.als.ca

- Attention:**
- The following application **must** be completed by a Registered Health Professional, e.g. OT, PT, RN, SLP
 - Applicant **must** be registered with ALS Canada to receive funding assistance. If applicant is not registered, please complete our **Registration Form**
 - Please be mindful that the ALS Canada Equipment Program **is not** a trial program. Every delivery and exchange can cost anywhere **between \$100 and \$400**, which is made possible by generous donors in the community

Applicant Information

Name: _____
Last First

Address: _____

E-mail: _____ Phone: _____

Registered Health Professional Assessing Applicant

Name: _____ Registration #: _____
Last First

Company/Agency: _____ Phone: _____

Fax: _____ E-mail: _____

Funding Assistance Request:

Along with this application form, please attach the **vendor's quote** and the client's **Notice of Assessment** (provided by Canada Revenue Agency).

Please select the type of funding assistance requested:

- Client's portion of a Communication Device after ADP
- Client's portion of a Power Wheelchair after ADP
- Rental fees of one straight stair glide/lift (installation fees not covered)
- Other funding: _____

Funding Assistance Eligibility Criteria (for reference only)	
Income Level	Eligible Coverage of Client Portion by ALS Canada
Individual <\$25,000 OR Combined Household <\$35,000	100%
Individual: \$25,001-\$50,000 OR Combined Household: \$35,001-\$65,000	65%
Individual: \$50,001-75,000 OR Combined Household: \$65,001-\$95,000	35%
Individual: >\$75,001 OR Combined Household >\$95,001	Not Eligible

393 University Avenue, Suite 1701, Toronto, ON M5G 1E6 T 416-497-2267 | F 416-497-8545 | TF 1-800-267-4257

Conditions of Application:

- I understand for an initial equipment funding request, ALS Canada requires a copy of my prior year's household Canada Revenue Agency notice of assessment as proof of income. Once this information is on file, it may only need to be submitted again if my household income has changed
- I understand I will need to contribute the agreed portion toward the cost of rental or lease of equipment
- I understand and agree that I will pay for 100% of the installation fee if the funding assistance request is for equipment that requires installation
- I understand that the equipment requiring funding assistance is for my use only
- I understand that ALS Canada will be responsible for maintaining and repairing the equipment, provided that damage is not due to misuse or neglect
- I agree to indemnify and hold harmless ALS Canada from any injury, accident, damage, either personal or property, and any demand or claim arising out of the use, misuse or operation of the equipment

Applicant Certification

I certify that the information contained in this form is true, correct and complete to the best of my knowledge.

I certify that I understand all the statements listed in the Conditions of Application.

I authorize ALS Canada to carry out necessary inquiries and obtain or release personal information from/to my health care providers, equipment suppliers and community agencies, for the purpose of confirming or clarifying the information provided and for service delivery purposes.

Signature of applicant: _____ Date: _____

Name of legally authorized representative (if signing on behalf): _____

Relationship to client (if signing on behalf): _____

Healthcare Professional Certification

I certify that the information contained in this form is true, correct and complete to the best of my knowledge.

Date of verbal consent: _____

Signature and designation: _____

Date: _____

When complete, please fax both pages of this form to 416-497-8545 or email to equipment@als.ca.