



ALS Canada Equipment Program: Funding Assistance Application

ALS Society of Canada
Société Canadienne de la SLA
www.als.ca

- The following application **must** be completed by a Registered Health Professional, e.g. OT, PT, RN, SLP
- The applicant **must** be registered with ALS Canada to receive funding assistance. If the applicant is not registered, please complete our **Registration Form**

Applicant Information

Name: _____

Last

First

Address: _____

Email: _____ Phone: _____

Registered Health Professional Assessing Applicant

Name: _____ Registration #: _____

Last

First

Company/Agency: _____ Phone: _____

Fax: _____ Email: _____

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 CEP Communication Device after ADP

Client's portion of Power Wheelchair after ADP

Rental fees of one straight stair glide (installation fees not covered)

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 TF 1.800.267.4257
F 416.497.8545

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.
- In understand I will need to contribute the agreed upon portion towards the cost of rental or lease of equipment.
- I understand and agree that I will pay 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 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 purpose.

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 of request submission: _____

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