



# ALS Canada Equipment Program: Loan Equipment Application

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

- If you are applying for **equipment funding assistance** for a **stair glide rental**, an **ADP Communication Device**, or an **ADP Power Wheelchair**, please complete our **Funding Assistance Application** form.
- The follow application **must** be completed by a Registered Health Professional (e.g OT, PT, RN).
- Applicant **must** be registered with ALS Canada to receive equipment. If applicant is not registered, please complete our **Registration Form**.
- Please note, the ALS Canada Equipment Program **is not** a trial program. Every detail 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: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Registered Health Professional Assessing Applicant

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_  
Last First

Company/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Equipment Requested

Please consult our equipment catalogue to ensure the equipment you are requesting is available in our loan pool. If you are applying for a manual, power, or transport wheelchair, please attach the **Loan Wheelchair Specification Form**. If you need more space, please attach an additional page.

Item	Dimensions (S, M, L, Width x Length)	Other Relevant Specifications
E.g.: Manual Lift Chair	See attached specification form	
E.g.: Easy Lift Chair	Small	3 Positions

I certify that I am providing all the necessary information so that the client gets the right equipment and understand that the client's refusal of a correctly fulfilled request may result in them being charged for the equipment delivery.

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 an item is loaned from the ALS Canada Loan Equipment Pool and is owned by ALS Canada.
- I understand and agree to pay 100% of the installation fees for ceiling lifts.
- I understand loaned equipment is for my use only.
- I understand and agree that equipment provided to me by ALS Canada is to be returned to ALS Canada when I no longer need it.
- I agree to do the utmost to keep the equipment in working order that it can be used by others at a later time.
- 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 understand that ALS Canada is not an emergency service and that for emergency support I may need to contact my Home and Community Care Support Services (LHIN) Care Coordinator or call 911.
- 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.
- I understand that ALS Canada will not cover the delivery charges of a correctly fulfilled request that is rejected upon delivery.

**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.*

*I certify that I understand it is my responsibility to ensure the client, family, and any other caregiver are educated on the proper use and maintenance of the loaned equipment.*

**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](mailto:equipment@als.ca).**