



Loan Equipment Application

ALS Society of Canada | Société canadienne de la SLA

www.als.ca

- Attention:**
- 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 following 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 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: _____

Equipment Requested

Please consult our equipment catalogue to ensure the equipment you are requesting is available in our loan pool.

Note: 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
<i>E.g.: Manual Wheelchair, see attached wheelchair specification form</i>		
<i>E.g.: Easy Lift Chair</i>	<i>Small</i>	<i>3 Positions</i>

I certify that I am providing all of the necessary information so that the client gets the right equipment

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 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 equipment that requires installation
- I understand loaned equipment is for my use only
- I understand equipment is loaned to me for as long as I need it
- 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 so 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 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 1-888-490-1232 or email to equipment@als.ca.

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