



Program funded by the NS Department of Community Services



Active Living
Assistive Devices
Family & Community Support

Wheelchair Repair Application for Community Services Clients

Form-2013

Nova Scotia Wheelchair Recycling Program Easter Seals Nova Scotia

3670 Kempt Rd.
Halifax NS B3K 4X8
Phone (Local): 453-6000 ext. 229
Fax: 454-6121 Toll free (Outside HRM) 1-866-554-4527
Email: wheelchairs@easterseals.ns.ca

The Applicant Must:

- Complete all sections of this application
- Be a client of Department of Community Services
- Be a permanent resident of Nova Scotia
- Provide a valid Nova Scotia Health Insurance number
- Not have additional coverage through public programs or private insurance
- Provide one price quote from recognized vendor for necessary repairs

Note: Repair costs will not generally exceed 30% of the value of a suitable replacement wheelchair & repairs are to extend the life of the wheelchair, in the opinion of the vendor, for a further two year period.

First Name:	<input type="text"/>	Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
			(MM/DD/YYYY)
Last Name:	<input type="text"/>	NS Health Card Insurance Number:	<input type="text"/>
Address:	<input type="text"/>		<input type="text"/>
			(Town, City, Community)
Postal Code:	<input type="text"/>	Phone #:	(902) <input type="text"/>
Make of Wheelchair/Year received:	<input type="text"/>		
	Equipment Problem/Issue for repair:	<input type="text"/>	

If a vendor has been contacted, please provide name: _____.

If a quote has been obtained, please attach or direct the vendor to Easter Seals Nova Scotia.

Community Services Contact Name: _____

Tel: (902) _____ Fax: (902) _____

APPLICANT AUTHORIZATION

I hereby authorize the Easter Seals Nova Scotia to conduct such enquiries as it may deem necessary, including contact with my health practitioner, financial institutions, insurance providers or other referees. I hereby authorize such health practitioners, financial institutions, insurance providers, or other referees to release such information regarded as pertinent to my application. I understand all information presented here will be held in the strictest of confidence by Easter Seals Nova Scotia and NS Dept. of Community Services for their clients. Some information may be used for statistical purposes, with no individual identities being disclosed to the public.

Signature of Applicant Date: or Guardian: _____

Permission has been provided verbally by Phone: _____

Date

Time

Signature