



Nova Scotia Wheelchair Recycling Program
Easter Seals Nova Scotia
22 Fielding Ave
Dartmouth NS B3B 1E2
Phone (Local): 453-6000 ext. 229
Fax: 454-6121 Toll free (Outside HRM) 1-866-554-4527
Email: wheelchairs@easterseals.ns.ca



Wheelchair Repair Application for Community Service Clients

Form-2011

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
- 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:

Last Name:

Date of Birth:

Health Card #:

Address:

Postal Code:

Phone Number:

Make of Wheelchair /
Year received:

Equipment Issue/
Reason for repair:

Community Services Contact Name:

Phone Number:

Fax Number:

APPLICANT AUTHORIZATION

I hereby authorize 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 _____