



Easter Seals Assistive Devices Loan Program
 22 Fielding Ave. Dartmouth NS B3B 1E2
 Tel: 902-453-6000 ext. 229
 Fax: 902-454-6121
 Email: assistivedevices@easterseals.ns.ca

For a more immediate response to any questions or inquiries, please contact through email.

Requests for equipment are to be submitted by an Occupational Therapist or Physiotherapist.

Items that may be available include: wheelchairs, walkers, bathroom safety equipment, bed rails, lift chairs, and personal lifts.

Note:

- Ceiling and stair lifts may be available, but installation costs are the responsibility of the client.
- Each client is permitted a maximum of \$500.00 annually for ongoing repairs to equipment loaned out by this program (certain exclusions apply).
- Scooters and their maintenance become the sole responsibility of the client once obtained.

Client Name: _____ Birth Date: _____

Address: _____

Postal Code: _____ Phone number: _____

Department of Community Services client: Yes No

Caseworkers name: _____ Phone number: _____

For wheelchair loans, if over 65, has client submitted to the Seniors Wheelchair Program? Yes No

Is the client in or waiting placement for in a long-term care facility? Yes No

Referring Therapist: _____

Phone number: _____ Fax: _____

Email: _____

Equipment	Barcode # (if known)

Contact/delivery instructions: _____

Client/Borrower Acknowledgment and Waiver – Read carefully before signing

If your application is accepted, the equipment noted on this form will be loaned to you by Easter Seals Nova Scotia as part of the services provided under the Easter Seals Nova Scotia Assistive Devices Program.

The equipment is the property of Easter Seals Nova Scotia. It must be returned when it is no longer needed or at the request of Easter Seals Nova Scotia.

Your signature below acknowledges that you will seek instruction in the use of the equipment if/when appropriate and that you will comply with any use and safety guidelines that may be associated with the equipment.

Easter Seals Nova is not responsible for injuries or damage incurred during the use of the equipment. By completing this application you agree to accept any risk that may be associated with the use or operation of the equipment loaned. You also agree to waive any right you may have to claim against Easter Seals Nova Scotia, its officers, directors, affiliates, agents and employees for any injury, loss or damage that may arise out of your possession, use or operation of the equipment.

The information provided to Easter Seals Nova Scotia in relation to this equipment loan is used only for the administration of the equipment loan and for statistical purposes. The Easter Seals Privacy Policy can be viewed at www.easterseals.ns.ca.

Signature of Client/Borrower _____ Date _____
 (Signature is required before the equipment can be released to the applicant)

Therapist Signature _____ Date _____

Submit application to:

Email: assistivedevices@easterseals.ns.ca or Fax: 902-454-6121.

For further information, please email assistivedevices@easterseals.ns.ca