



More than Able

### Assistive Devices Equipment Program Guidelines

1. Easter Seals Nova Scotia Does not guarantee the condition of equipment provided
2. All equipment received, and its ongoing maintenance is the sole responsibility of the recipient and/or family or guardian
3. Equipment may be donated back to the Easter Seals Assistive Devices Equipment Program: however, acceptance of equipment is based on space availability at the time of request.
4. Equipment is first provided to completed applications by date received.
5. No item is guaranteed until confirmed by Easter Seals Nova Scotia
6. Completed application with appropriate barcode must be submitted.
7. If any information is missing or incomplete, the application will be returned for completion.
8. Items will not be held in anticipation of application being completed and/or received
9. Arrangements may be made with Easter Seals Nova Scotia to deliver requested item throughout mainland Nova Scotia. This is granted based on availability of Easter Seals Nova Scotia.
10. Items requiring delivery in the Eastern region of Nova Scotia are the responsibility of the applicant.
11. Pick up of items at Easter Seals Nova Scotia must be arranged in advance by appointment.
12. Clients requesting equipment must sign and date the application and the guideline page. A copy should be provided to client.
13. Easter Seals Nova Scotia does not maintain a waitlist for equipment.

Signature of Client/Borrower

Date

Completed Applications to the Attn of Assistive Devices can be sent via:

Email: [Assistivedevices@easterseals.ns.ca](mailto:Assistivedevices@easterseals.ns.ca)

Please note that it is the applicant's responsibility to ensure the application has been received in full. If you have any questions in regard to criteria or process do not hesitate to contact Easter Seals Nova Scotia 1-902-453-6000 ext 229.



**Easter Seals Nova Scotia**  
 22 Fielding Ave. Dartmouth NS B3B 1E2  
 assistivedevices@easterseals.ns.ca  
 (902) 453-6000 ext. 229  
 Toll free 1-866-554-4527



Date of request:       YYYY/MM/DD      



Easter Seals Assistive Devices  
Equipment Program

22 Fielding Ave. Dartmouth NS B3B 1E2

Tel: 902-453-6000 ext. 229

Fax: 902-454-6121

Email: [assistivedevices@easterseals.ns.ca](mailto: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.**

**Note:**

- Easter Seals Nova Scotia does not guarantee the condition of equipment provided
- Equipment provided and any ongoing maintenance become the sole responsibility of the recipient and/or family or guardian
- Equipment may be donated back to the Easter Seals Assistive Devices Equipment Program; however acceptance of equipment is based on space availability at the time of request.
- Equipment is first provided to completed applications by date received
- Although we strive to keep our inventory accurate, no item is guaranteed until confirmed by Easter Seals Nova Scotia

Client Name: \_\_\_\_\_ Birth Date       YYYY/MM/DD      

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Department of Community Services client:      Yes     No

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

Referring Therapist: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

	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 provided to you by Easter Seals Nova Scotia as part of the services provided under the Easter Seals Nova Scotia Assistive Devices Equipment Program.

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 refurbished equipment provided. 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 is used only for administration of providing equipment, marketing, and statistical purposes. The Easter Seals Privacy Policy can be viewed at [www.easterseals.ns.ca](http://www.easterseals.ns.ca).

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

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Therapist Signature Date

Submit application to:  
 Email: [assistivedevices@easterseals.ns.ca](mailto:assistivedevices@easterseals.ns.ca) or Fax: 902-454-6121.