

Equipment Program

Application Form



Muscular Dystrophy Canada (MDC) is a non-profit organization dedicated to helping Canadians with neuromuscular disorders live fuller, more active, independent lives. We rely heavily on the generous donations from the public to achieve our mission. For more information please visit www.muscle.ca.

We recognize the pressures on families and individuals with disabilities to secure equipment. Muscular Dystrophy Canada strongly believes that it should be the responsibility of the government to fulfill the needs of Canadians with disabilities.

In support of our mission and in response to the lack of this support, Muscular Dystrophy Canada draws on available fundraising dollars to provide assistance through our Equipment Program. To access the equipment program, you need to have a neuromuscular disorder and be a registered client with the organization. If you have questions, or to obtain a complete list of the equipment covered by Muscular Dystrophy Canada in your region, please contact your local Services Staff person.

Muscular Dystrophy Canada (MDC) is collecting personal information for the purposes of the delivery of services. MDC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MDC provides or unless a Canadian law requires it. Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. MDC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information.

The full MDC Personal Information Protection (Privacy) Policy is available on the MDC website or by request.

Muscular Dystrophy Canada will not reimburse for previously purchased equipment or for items which cost less than \$200.

COMPLETE AND ACCURATE FORMS WILL HELP TO PREVENT DELAYS — PLEASE PRINT CLEARLY

1. Applications will not be processed until all of the following information is provided:

<input type="checkbox"/>	Registered client from Muscular Dystrophy Canada. To download the registration from, please visit our web site www.muscle.ca or contact your regional office.
<input type="checkbox"/>	This completed application form
<input type="checkbox"/>	Quotes from 2 different equipment vendors for the requested item. If one quote is provided, a rationale needs to be noted in Section 4 <u>OR</u> in a health care professional letter attached with this application form.
<input type="checkbox"/>	Letter of medical necessity for equipment, signed by health care professional (OT, PT, RT, ORTHOTIST, RN) Signing health care professional must not be providing service requested.
<input type="checkbox"/>	Approval or denial letter from insurance company and other funders approached (if applicable)
<input type="checkbox"/>	Signed liability waiver for the same or similar item (page 4 of application)

2. Applicant information:

First name:		
Last name:		Date of birth: YYYY / MM / DD
Phone No. (Home):		Phone No. (Cell):
Address:		
City:		Province: Postal code:
Email address (mandatory if available):		
Guardians name (if applicant is under 18):		
Diagnosis:		

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3. Contact Information of health care professional (Please print clearly):

First name: Last name:
Phone No. and Ext. (Business): Phone No. (Cell):
Organization:
Address:
City: Province: Postal code:
Email address:

OT PT ORTHOTIST RT RN OTHER

Do you want to be notified when the application will be approved? Yes No

4. Notes from health care professional:

Equipment type:

Please provide a few lines of rationale for the equipment request. Feel free to attach a letter on a separate page.

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Signature of health care professional: Date:

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5. Additional Applicant Funding Information:

Are you: A recipient of Social assistance Yes No
 Covered by private insurance/group benefits * Yes No

* If you have private insurance **we require a letter from them** stating you were declined or approved and the approval amount.

REMINDER: If providing one quote, rationale must be provided in health care professional letter or Section 4.

6. Equipment Funding:

Due to funding restrictions, cost-sharing is an essential component of the Equipment Program. Please list any additional funding sources. Please list other funders approached, amount approved or denied, and submit a copy of your approval/denial letter. Funding approvals are valid for 4 months.

Contact a Service Specialist for support completing your application and for information on criteria and funding caps.

What other funders have you approached?

Funder name	Amount Requested	Approved	Amount Approved
• Muscular Dystrophy Canada	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$
•	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$
Total requested from funding agencies:	\$		\$
TOTAL EQUIPMENT COST:	\$		\$

7. Respective Responsibilities

Upon delivery, the vendor is responsible for the inspection and safe working order of the equipment. Muscular Dystrophy Canada has carried out no inspection of this equipment and is not responsible for ensuring that it is free from defects. You acknowledge that Muscular Dystrophy Canada has no responsibility for maintenance of this equipment while it is in your possession, or for loss, damage, theft, defect, or expense caused to you or others by improper inspection, condition or use of the equipment. You are responsible for ensuring that the equipment is properly maintained and safely operated.

I understand as per Muscular Dystrophy Canada's (MDC) Equipment Policy that MDC will not fund the same piece of equipment for 5 years. It is my responsibility to obtain additional warranty or insurance for the device funded through MDC. Regular inspection and maintenance of all equipment is your responsibility and is essential to ensure its safety and efficiency. Please ask the supplier for specific instructions about the maintenance program required for your equipment. Correct operation of all equipment is an essential safety measure. It is imperative that you ensure you and/or the individuals operating the equipment be fully instructed in its correct operation. It is also essential the equipment be used only for the purpose for which it was prescribed. Please consult your instruction manual, supplier, or therapist's office if you have any questions regarding use of this equipment.

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8. Liability/Consent Waiver:

Muscular Dystrophy Canada has relied upon a medical professional's recommendation in agreeing to consider a financial contribution to enable you to acquire the equipment described herein.

By signing this Application you acknowledge and agree that Muscular Dystrophy Canada has no liability whatsoever with respect to the medical professionals recommendation, or any loss, damage, or expense sustained by you.

I fully understand the reasons Muscular Dystrophy Canada (MDC) has requested my personal information and I give consent to MDC to use my personal information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that MDC will inform me of the implications of such withdrawal.

Signing health care professional Vendor OTHER

This consent applies to:

All Personal Information Specific information relating to the following content or time frame:

I understand that:

- I do not have to sign this consent. My refusal to sign will not end my association with MDC. It may however compromise service eligibility or place restrictions on service delivery.
- I may cancel this consent at any time by completing the written withdrawal section below. Where a disclosure has already been made in reliance on my prior authorization this information cannot be recalled.
- This consent remains valid for one year from the date of my signature unless I have indicated a shorter time frame above. The withdrawal of consent may be completed prior to the renewal period. In extenuating circumstances an additional 30 days will be provided to renew this consent.
- This consent has been fully explained to me and I understand its contents.

Client Signature/Mark: Date:

Relationship to Client (when signature is not the client): Substitute Decision Maker

Witness Signature (when client has difficulty with a Signature/Mark):

WITHDRAWAL OF CONSENT: I have been informed that I may revoke this consent by written communication to MDC. I am canceling the above consent and understand that the information will no longer be obtained and / or released until a new Consent has been authorized.

Client Signature/Mark: Date:

Relationship to Client (when signature is not the client): Substitute Decision Maker

Witness Signature (when client has difficulty with a Signature/Mark):

Please note that Muscular Dystrophy Canada have Service Specialists that are available to assist you at any point. The service specialist can assist with completing the equipment funding application, helping you source out any other potential funders, liaison between funders to pull all funding together. To contact your local service specialist, please go to <https://muscle.ca/services-support/need-help/>

Submit completed application to:

Muscular Dystrophy Canada 500-40 Eglinton Ave E, Toronto, ON M4P 3A2
Toll-Free: 1-800-567-2873 Fax: 1-866-726-8732 Email: application@muscle.ca