



Atlantic Division

71 Ilsley Avenue, Unit 12
Dartmouth, Nova Scotia B3B 1L5
Telephone: (902) 468-8230
Fax: (902) 468-5328
Toll Free: 1-800-268-7582
www.mssociety.ca

Dear Client

Thank you for contacting the Multiple Sclerosis Society of Canada, Atlantic Division, in regards to the Equipment Provision Program. As you begin your application process please note the following:

- **The maximum funding allowable under the Equipment Provision Program is \$450.00 per person.**
- **Our fiscal year will end December 31st, 2010. When all available funds are spent the Funding Program will close for the remainder of the fiscal year.**

The **Special Assistance Program** and **Equipment Provision Program** address the most basic needs of persons living with MS and are intended to enhance their quality of life. **Both programs can now be accessed by an individual living with MS in the same fiscal year. The combined maximum funding is \$600 with a maximum of \$450 for equipment funding.**

Should you have any questions or concerns regarding the Equipment Provision Program or any other programs or services offered by the MS Society, Atlantic Division, please do not hesitate to contact us.

Sincerely,

Elizabeth MacRae
Coordinator, Client Services



Multiple Sclerosis Society of Canada

Société canadienne de la sclérose en plaques



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Equipment Provision Program Application

If you are currently receiving money from any government programs please check with that program to determine if funds are available for the funding being requested.

I. PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail address: _____

Phone: (____) _____

Date of Birth: ____/____/____
mm dd yy

2. EQUIPMENT INFORMATION

What item(s) are you requiring financial assistance with? _____

3. FINANCIAL INFORMATION

Do you have extended medical insurance? Yes No

Does your plan cover the required item(s)? Yes No

If yes please indicate the amount covered: \$ _____

Have you obtained/requested funding from any other source? Yes No

If yes please indicate the source: _____

4. SUPPORTING DOCUMENTS

Please attach the appropriate Health Care Professional assessment/recommendation.

Air Conditioner – Submit recommendation from Family Doctor or Neurologist.

Mobility Aids – Submit recommendation from Occupational Therapist.

Home Modifications – Submit recommendation from Occupational Therapist.

Orthotics – Submit recommendation from Physiotherapist.

Other – _____

SEE OVER →

5. APPOINTING AN ADVOCATE

If you would like to have someone else act on your behalf during the funding application process you can appoint an advocate:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail address: _____ Phone: (_____) _____

Signature of advocate: _____

6. CONSENT AND SIGNATURE

This form has been completed to the best of my knowledge. I agree that information related to this application may be discussed with my health care professional or equipment supplier as necessary. I agree that the MS Society of Canada (Atlantic Division), its employees, agents, directors and volunteers are not responsible for loss or damage incurred by any party through the use of funded equipment or services and that all funded equipment is the sole property of me, the client.

Signature or Mark

Date

Please return completed form to:
Client Services Coordinator
Multiple Sclerosis Society of Canada, Atlantic Division
71 Ilsley Avenue, Unit 12
Dartmouth, NS B3B 1L5

The Multiple Sclerosis Society of Canada, Atlantic Division protects client's privacy. The information collected is used to provide services to clients and to compile anonymous statistical information. It is shared with authorized individuals and companies outside the MS Society of Canada only if this application form is signed by the client. By completing this form, you hereby consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy.