



Multiple Sclerosis Society of Canada

Société canadienne de la sclérose en plaques



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 Email: [equipment@mssociety.ca](mailto:equipment@mssociety.ca)

## Quality of Life Equipment Repair Application

Once completed, sign where appropriate and email or mail in the form with any accompanying documentation (e.g., confirmation of diagnosis of MS and vendor provider quote). **Fields marked with an (\*) are mandatory.**

**Important: Before starting or completing an application please review and carefully read the Quality of Life Equipment Program Guidelines found on MS Society of Canada website.**

### A. Personal Information

Name*	First* <input type="text"/>	Last* <input type="text"/>	DOB* <input type="text"/>
Address*	<input type="text"/>		City* <input type="text"/> Province* <input type="text"/>
Postal Code*	<input type="text"/>	Phone(H)* <input type="text"/>	Phone(C)* <input type="text"/>
Email*	<input type="text"/>		I do not have email <input type="checkbox"/>
Type of MS	Primary Progressive <input type="text"/>	Secondary Progressive <input type="text"/>	Relapsing Remitting <input type="text"/>
	CIS <input type="text"/>	Allied Condition <input type="text"/>	

### Designated Contact Person If Different From Above

Name*	First* <input type="text"/>	Last* <input type="text"/>
Phone (H)*	<input type="text"/>	Email* <input type="text"/>

### C. Repair Funding Requirements

Type of Repair\*

Provide details of the vendor who will be making the repair\*

Company/Store:	<input type="text"/>	City, Province:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

**Please fill in total cost of repair, minus individual contribution and list amount needed:**

Total Cost of Repair*	<input type="text"/>
Individual Contribution to Repair*	( <input type="text"/> )
Total Amount of MS Funding Requested (Max \$1,000)*	<input type="text"/>
Monthly household income after taxes*	<input type="text"/>

Please indicate on the following table the number of household members currently residing at applicant address (check only one). \* Household income must be below the LICO scale to be approved for a QoL Grant.

	Household	LICO x 1.5
	1 person	\$2,684.00
	2 persons	\$3,267.00
	3 persons	\$4,069.00
	4 persons	\$5,076.00
	5 persons	\$5,780.00
	6 persons	\$6,411.00
	7 or more	\$7,041.00

#### D. Repair Release for claims &/or damages

The above-mentioned repair if funded by the MS Society is the property of applicant as long as it is required. Funding is provided on the condition that the MS Society is not held responsible for any damages, claims or causes of action that might arise with respect to the repair or equipment. **release the Multiple Sclerosis Society of Canada from any claim that may arise from its use.**

Initials:

#### E. Release of Information and Contact by MS Society of Canada

The Multiple Sclerosis Society of Canada protects your privacy. The information provided in this form and a brief summary of the service you requested will be entered into our services database. The information will be used to provide you with best services and to compile anonymous statistical information. The information in this application is shared with authorized individuals and companies outside the MS Society of Canada on a need to know basis, in relation to this application, only if this Release of Information Form is signed by the applicant. By completing this form you hereby consent to the collection, use and disclosure by the MS Society of Canada of your personal information for these purposes.

(print name)

I , hereby give my permission to the MS Society to retain and release my pertinent personal information in the delivery of these services.

I wish to place the following restrictions on the release of information:

Signature

Date:

In addition, please indicate if representatives of the Multiple Sclerosis Society of Canada can identify themselves as a representative from the MS Society when contacting you and/or leaving information to initiate a return call.

Initials:

I also understand that I may be required to provide additional information about my financial status as it pertains to this request.

Initials:

#### F: Declaration of Financial Need

I understand that the MS Society of Canada provides no-cost products ("Supports") to those affected by MS or an allied disease who would otherwise be unable, due to financial hardship, to afford those supports on their own. I confirm that, without the assistance of the MS Society of Canada, I would not be able to obtain these supports based on my own financial means.

Initials:

#### Privacy Policy

If you have any questions about your personal information, or the MS Society's privacy policy and procedures please contact our Privacy Officer, at [priv@mssociety.ca](mailto:priv@mssociety.ca) or phone 1-800-268-7582