

MANUAL WHEELCHAIR APPLICATION

Category: 1 Basic/Part-Time – standard or HD

Note: Illegible or incomplete application forms will be returned to the prescriber

Applicants with EIA/NIHB Funding are only eligible for a Category 2A wheelchair (or higher) through the Manitoba Wheelchair Program

<input type="checkbox"/> NEW APPLICATION Client requires a wheelchair for permanent medical needs/longer than 6 months.		<input type="checkbox"/> EXCHANGE APPLICATION Reason for exchange (required):	
Select Status:			
<input type="checkbox"/> Occasional User: - Able to walk no more than ~80' or 25 meters with or without aid. - Requires wheelchair for only long distances/outside of home.	<input type="checkbox"/> Part-time User: - Able to walk no more than 80 feet / 25 meters with or without aid. - Requires wheelchair ~ 4 hours/day in and out of the home.	<input type="checkbox"/> Palliative: only applicable for persons considered at the end-stage of a terminal illness and may require for less than 6 months.	
URGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	If in hospital, Discharge Date:	Discharge Location:	
CLIENT DEMOGRAPHICS (PLEASE PRINT)			
FIRST NAME		LAST NAME	
DATE OF BIRTH (MM/DD/YYYY)	GENDER	PHIN	
HOME ADDRESS*	CITY	POSTAL CODE	
HOME PHONE	CELL PHONE	EMAIL	
RESIDENCE LIVES IN PCH OR INSTITUTION: <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT IS PANELED/ACCEPTED TO PCH: <input type="checkbox"/> YES <input type="checkbox"/> NO	
*DELIVERY INSTRUCTIONS (OTHER THAN HOME ADDRESS):			
NEXT OF KIN (MUST BE A MANITOBA RESIDENT)			
FIRST NAME		LAST NAME	RELATIONSHIP TO APPLICANT
HOME ADDRESS		CITY	POSTAL CODE
HOME PHONE		CELL PHONE	EMAIL
<input type="checkbox"/> The prescriber has verified the applicant is not eligible WCB, MPIC, Victim's Services funding and/or is not a ward of Child & Family Services			
PRESCRIBER INFORMATION			
<input type="checkbox"/> OCCUPATIONAL THERAPIST	<input type="checkbox"/> PHYSIOTHERAPIST	<input type="checkbox"/> OTHER, SPECIFY:	
FIRST NAME	LAST NAME	REGISTRATION #	
ADDRESS	CITY	POSTAL CODE	
EMAIL	PHONE	FAX	

EQUIPMENT LOAN AGREEMENT

The equipment is the property of Winnipeg Regional Health Authority (WRHA) Manitoba Wheelchair Program as operated by Manitoba Possible.

1. I am entitled to use the equipment while I am a full-time resident of Manitoba. If I move outside of Manitoba, I will return the equipment before leaving the province or purchase the equipment.
2. If I move within Manitoba, I will promptly report my new address and telephone number to the Manitoba Wheelchair Program.
3. I will only use the equipment for my personal mobility.
4. I will not sell, loan or allow any other person to use the equipment.
5. I will store the equipment in a secure, heated and dry indoor space to avoid damage or loss. If the equipment is damaged or lost because of failure to comply with safe storage, I will be required to pay the cost of repair or replacement.
6. I am responsible to use the equipment with reasonable care, keep it clean and regularly maintained. If the equipment is damaged or lost due to misuse, I will be required to pay the cost of repair or replacement. The MB Wheelchair Program recommends that the wheelchair be added to the client's homeowner's / tenant's insurance policy.
7. I will not remove the permanent identification sticker attached to the equipment.
8. I will make the equipment available for servicing as necessary.
9. The Manitoba Wheelchair Program will have no responsibility for equipment repairs outside of Manitoba.
10. If I enter a Personal Care Home in Manitoba, I may continue to use the equipment only if I have been a client of the Manitoba Wheelchair Program for at least 6 months before admission to the Personal Care Home.
11. The Manitoba Wheelchair Program may re-assess my eligibility for the equipment at anytime.
12. I will promptly return the equipment to the Manitoba Wheelchair Program if I a) am no longer eligible under the Manitoba Wheelchair Program OR b) no longer need the equipment OR c) fail to observe the terms of this agreement. I recognize that taking care of the equipment and returning it when I no longer need it will benefit other people. If the equipment is not returned, I will pay the depreciated value to replace the equipment.
13. If I am a minor, I agree this is a contract to supply a necessary wheelchair and is binding on me when I reach 18. If I am signing on behalf of a minor, both the minor and I are individually liable for these obligations.

The personal Health Information on this application is treated in compliance with the "Personal Information Protection and Electronic Documents Act." In order to serve you better we may need to share your personal information with others. Most commonly these include medical professionals. Manitoba Possible promises to treat your personal information in a secure and reasonable fashion while providing you with the highest level of professional service.

I have read and understand the terms of the above Equipment Loan Agreement. I am legally bound by the terms and accept the loan of the equipment on these terms.

I authorize the Manitoba Wheelchair Program and/or Manitoba Possible to disclose my personal health information contained in my wheelchair application to authorized personnel for the sole purpose of processing my wheelchair request.

Client Signature: _____ **Date:** _____

If client cannot write, a **LEGAL REPRESENTATIVE** may sign on behalf of the client below:

Name: _____ **Signature:** _____ **Relationship to client:** _____

Witness Name: _____ **Witness Signature:** _____