

Manitoba Wheelchair Program 1857 Notre Dame Avenue, Winnipeg, Manitoba R3E 3E7 Phone (204) 975-3250 Fax (204) 975-3240 Toll Free 1-800-836-5551

## MANUAL WHEELCHAIR APPLICATION Category: 1 Basic/Part-Time – standard or HD

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

□ NEW APPLICATION  Client requires a wheelchair for permar medical needs/longer than 6 months.	□ EXCHAI	ngery 2A wheelchair (or highe NGE APPLICATION r exchange (required):	r) through the Manitoba Wheelchair Program		
Select Status:  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.	25 mete - Require	User: walk no more than 80 feet / ers with or without aid. es wheelchair ~ 4 hours/day out of the home.	Palliative: only applicable for persons considered at the end-stage of a terminal illness and may require for less than 6 months.		
URGENT? □ YES □ NO	If in hospital, Discharge Date:		Discharge Location:		
CLIENT DEMOGRAPHICS (PLEASE P FIRST NAME	RINT)	LAST NAME			
DATE OF BIRTH (MM/DD/YYYY)	GENDER	I	PHIN		
HOME ADDRESS*	CITY		POSTAL CODE		
HOME PHONE	CELL PHONE		EMAIL		
RESIDENCE LIVES IN PCH OR INSTITUTION *DELIVERY INSTRUCTIONS (OTHER THAT	□ <b>NO</b>		ANT IS PANELED/ACCEPTED TO PCH:		
NEVI OF VIN (MUST BE A MANUTOR A	NEODENE)				
NEXT OF KIN (MUST BE A MANITOBA R	LAST NAME		RELATIONSHIP TO APPLICANT		
HOME ADDRESS	CITY		POSTAL CODE		
HOME PHONE	CELL PHONE		EMAIL		
☐ The prescriber has verified the applicar Child & Family Services	nt is not eligible WC	CB, MPIC, Victim's Services	l s funding and/or is not a ward of		
PRESCRIBER INFORMATION					
OCCUPATIONAL THERAPIST	CUPATIONAL THERAPIST		□OTHER, SPECIFY:		
FIRST NAME	LAST NAME		REGISTRATION #		
ADDRESS	CITY		POSTAL CODE		
EMAIL	PHONE		FAX		



DIAGNOSIS AND/OR PRESENTING CONDITION(S) RELATED TO THE NEED FOR A WHEELCHAIR							
APPLICANT MEASUREMEN	TS						
CURRENT WEIGHT:	Ibs./ kg (circle one) HEIGHT: ft. in./ cm (circle one)						
	Information provided in this application must reflect applicant's current measurements					Measurement (inches)	
	<b>Hip Width</b> : (straigh						
	Thigh Length: (str						
	Lower leg length:	(straight line) from	n back of knee to b	ottom of heel			
	Back height: Sitting surface to axilla						
WHEELCHAIR PARAMETER	S						
WEIGHT CAPACITY	☐ <b>Standard</b> (up to 300lbs.) Example: EC Breezy 2000 or EC Breezy 4000			☐ <b>Heavy Duty</b> (> 300lbs., up to 450 lbs.)			
0547.14/0511		00 lbs. weight		Example: EC Breezy 2000HD or Sentra 450 lbs. weight capacity			
SEAT WIDTH	□ 16"	□ 18"	□ <b>20</b> "	□ 22"	□ <b>24</b> "		
SEAT DEPTH	□ 16"			□ 18"			
SEAT HEIGHT	□ 17.75"	□ 19.75"		□ 21"			
BACK HEIGHT	□ 16"			□ 16"			
FIXED HEIGHT ARMREST	□ Full length	n □ De	sk length	□ Full length	□ Des	Desk length	
LEG RESTS w/ composite footplates	□ 70 degrees	s 🗆 🛭	levating	□ 70 degrees	□ Ele	vating	
TIRES	Solid Rubber Solid Rubber						
PRESCRIBER CONFIRMS AI	ND ACKNOWLE	DGES THE FO	LLOWING CONE	DITIONS:			
☐ Anti-tippers and wheel lock ex	tensions are not	available for this	s category of whee	elchair.			
□ Prescribed wheelchair will fit in applicant's home environment.							
□ MWP Equipment Loan Agreen	nent reviewed wit	h the Applicant a	and/or Representa	tive (please attach siç	gned copy w	vith application).	
Prescriber's Signature D						ite	
Other Notes/Instructions:							

1 of 1 MWP: Category 1 Dec 2023



## **EQUIPMENT LOAN AGREEMENT**

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

- 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.

	and understand the terms of the above I the loan of the equipment on these term	Equipment Loan Agreement. I am legally bound by the terms ns.
information		r Manitoba Possible to disclose my personal health to authorized personnel for the sole purpose of processing
Client Signature	e:	Date:
	If client cannot write, a <b>LEGAL REPR</b>	ESENTATIVE may sign on behalf of the client below:
Name:	Signature:	Relationship to client:
Witness Name: .		Witness Signature:

Client: \_\_\_\_\_ MWP: Equipment Loan Agreement