Easter Seals Timbres de Pâques
New Brunswick Nouveau Brunswick

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Application for AT Loan Program - Part 1

1) APPLICANT'S INFORMATION:

Applicant's Name: _____Medicare Number: _____

Address: _____ City: _____ Postal Code: _____

Tel #: Home: _____ Cell: _____E-mail: _____

Date of Birth: ____ /_____ /_____ Next of Kin: _____ Relationship: _____
Date Month Year

Their Contact Information: Tel: _____ Cell: _____ Email: _____

Please indicate applicant's disability/disabilities:

☐ Hearing ☐ Vision ☐ Speech ☐ Mobility
☐ Intellectual ☐ Learning ☐ Mental Health ☐ Other (specify) _____

Does the applicant work with or receive assistance from an organization which serves persons with disabilities such as: *Ability NB, Neil Squire Society, CNIB, NB Deaf & Hard of Hearing, NB Association for Community Living, ALS, Muscular Dystrophy Association, or other agency*? Yes ☐ No ☐

Please provide Details:

Does the applicant have access to a health care plan that would assist in covering the costs? Yes ☐ No ☐

Plan information:

The cost of sourcing, procuring, refurbishing and shipping assistive technology is substantial. All applicants will be asked to contribute to the costs of their loan.

I can pay $ _____ to Easter Seals NB to help cover the cost of my loan.

APPLICANT'S CONSENT:

I, _____, the applicant, give my permission to share my personal information with another agency only as it pertains to processing my application.

Applicant's Signature: _____ Date: _____

2) SHIPPING INSTRUCTIONS:

PLEASE NOTE: ESNB WILL ONLY SHIP TO A CIVIC ADDRESS – NOT A PO BOX

Ship to: Name: _____ Telephone Number: _____

Street Address: _____City_____ Postal Code: _____

3) PROFESSIONAL RECOMMENDATIONS: Type of Loan:

Trial (2 months or less) ☐ **Long-Term** ☐

Clear