

Easter Seals & CIBC AccessABILITY Application Form

The **AccessABILITY Program** provides financial assistance and delivers a range of direct-to-client programs to help ensure that individuals living with disabilities have access to the essential assistive, adaptive, communications and learning technology that will dramatically improve their quality of life and equip them for future success.

- Funding shall go directly to support **kids under the age of 14 years**.
- Funding shall be awarded to support kids that demonstrate the greatest need, and that will provide the greatest impact.
- Services provided after _____ are eligible to receive funding.

PART A: GENERAL INFORMATION

1. Province: New Brunswick

2. Amount Requested: \$ _____
 Financial Assistance
 Reimbursement of Funds

3. Type Of Assistive Device Provided To Recipient:
(Please check all that apply)

<p>Mobility Device</p> <ul style="list-style-type: none"> <input type="checkbox"/> wheelchairs <input type="checkbox"/> walkers <input type="checkbox"/> specialized strollers <input type="checkbox"/> scooter <input type="checkbox"/> leg braces & splints 	<p>Home Modification</p> <ul style="list-style-type: none"> <input type="checkbox"/> ramps <input type="checkbox"/> elevators <input type="checkbox"/> porch lifts <input type="checkbox"/> stair lifts/ceiling track lift systems 	<p>Augmented Communication Devices</p> <ul style="list-style-type: none"> <input type="checkbox"/> communication boards <input type="checkbox"/> speech aids <input type="checkbox"/> adaptive computers & writing aids
<p>Learning Aids</p> <ul style="list-style-type: none"> <input type="checkbox"/> laptops/tablets <input type="checkbox"/> digital pens <input type="checkbox"/> alternative keyboards <input type="checkbox"/> speech-to-text/text-to-speech hardware & software 	<p>Bath & Toileting aids</p> <ul style="list-style-type: none"> <input type="checkbox"/> shower/bath chairs <input type="checkbox"/> commode chairs <input type="checkbox"/> transfer aids/lifts 	<p>Financial Support</p> <p><input type="checkbox"/> For other: _____ _____ _____</p>

4. Item Details:
Please attach a purchase quote, paid invoice, or statement that confirms the value of the device(s)

Date of Purchase	Description of Item (make and model)	Serial Number	Total Cost (tax included)

PART B: RECIPIENT INFORMATION

5. Contact Information:

Name of Child Receiving Support:		Child's Age:
Parent/Guardian Name(s):		
Address:		
City:	Postal Code:	
Tel: ()	Cell: ()	Other: ()
Email:		
<i>Easter Seals will only contact you regarding the services and programs that are being applied for.</i>		

A. Please share a brief story about the child, including their family, education, social activities/interests, and their involvement with Easter Seals. (in 750 words or less)

B. Please identify the need and kindly provide the rationale to support the request for funding. Include the evaluation from an O.T., assistive technologist, or other assessor.

PART C: APPLICATION DECLARATION

6. To complete this application, you must confirm that you understand and agree with all the following statements: (please check all boxes)

- I have carefully read, and fully understand, the eligibility criteria for funding as described.
- I confirm that, to the best of my knowledge, the statements in this application are complete and accurate.
- I agree that I will provide a written testimony. I may also provide photos and a signed photo-sharing consent form.

Name of Parent or Guardian

Date

Signature