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| **Toy Library Loan Application** |

**1) APPLICANT’S INFORMATION:**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Month Year

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Tel #: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

To help Easter Seals NB cover the cost of my loan, I can pay:

🞎 $20.00 🞎 $50.00 🞎 $100.00 🞎 Other: $\_\_\_\_\_\_\_\_\_

**APPLICANT’S CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the applicant, give my permission to share the applicant’s personal information with another agency only as it pertains to processing my application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2) SHIPPING INSTRUCTIONS:**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_

**3) TOYS REQUESTED:**

**Please choose two or three toys, in case your first choice is not available.**

|  |  |  |
| --- | --- | --- |
| **Preference** | **Toy Name** | **Inventory #** |
| 1st Choice |  |  |
| 2nd Choice |  |  |
| 3rd Choice |  |  |

**To submit your application, or if you have any questions, please contact us:**

Easter Seals New Brunswick

65 Brunswick Street

Fredericton NB E3B 1G5

Toll-free: 1-888-280-8155

Fax: (506) 457-2863

E-mail: [info@easterseals.nb.ca](mailto:info@easterseals.nb.ca)