



Muscular Dystrophy Canada's Safeway Mobility Grant

Canada Safeway has teamed up with Muscular Dystrophy Canada to raise much needed funds to support those living with a neuromuscular disorder. The Safeway Mobility Grants were created to assist registered clients with the purchase of medically necessary mobility related equipment.

Who can apply?

To help us serve everyone's needs as best as possible the following criteria are applied to all applications:

- Maximum per application: \$3000.00
- You must be a registered client of Muscular Dystrophy Canada.

When can I apply?

Applications for funding will be accepted from October 1 to October 31, 2015

What kind of equipment can I apply for?

Contributions towards medical equipment, including accessible vehicles and home modifications, access equipment such as: stair glides, porch lifts and ramps.

What do I need to send?

- A completed Safeway Mobility Grant Application Form
- Quotes from 2 different equipment vendors
- A signed equipment prescription from the appropriate licensed health care professional such as: an occupational therapist, physiotherapist, respiratory therapist, orthotist, physiatrist or podiatrist

Please submit the information above by fax or mail to: **Muscular Dystrophy Canada**
Western Canada Regional
Attn: Safeway Mobility Grant
7th Floor – 1401 West Broadway
Vancouver, B.C. V6H 1H6
Fax (604) 731-6127

If you have any questions, contact your local services staff:

BC Sharon Tomlinson email: sharon.tomlinson@muscle.ca
tel: 604-732-8799 / toll free: 1-800-366-8166, ext. 2108

Alberta Annelies VanderLaan – Calgary/Edmonton annelies.vanderlaan@muscle.ca
tel: 587-890-9706 / toll free: 1-800-661-9312, ext. 5201

Manitoba & Saskatchewan Danya Dziedzic email: danya.dziedzic@muscle.ca
tel: 204-233-0022 x5401 / toll free: 1-888-518-0044, ext. 5401

Western Canada:

1401 West Broadway, 7th floor, Vancouver, BC, V6H 1H6

T 604.732.8799 1.800.366.8166 F 604.731.6127 W muscle.ca

Charitable Business Number: 107755837 RR0001

Muscular Dystrophy Canada recognizes the pressures on families and individuals with disabilities to secure affordable equipment. Muscular Dystrophy Canada strongly believes that it should be the responsibility of the government to fulfill the needs of Canadians with disabilities. In support of our mission and in response to the lack of this support, Muscular Dystrophy Canada draws on available fundraising dollars to provide assistance through our Mobility Equipment Program.

Muscular Dystrophy Canada is a non-profit organization dedicated to helping Canadians with neuromuscular disorders live fuller, more active, independent lives. We rely heavily on the generous donations from the public to achieve our mission. For more information please visit www.muscle.ca.

To apply to Muscular Dystrophy Canada for funding assistance for equipment, please complete this application form. If you have questions, or to obtain a complete list of the equipment covered by Muscular Dystrophy Canada in your region, please contact your local Services Department Staff person.

Muscular Dystrophy Canada will not reimburse for previously purchased equipment. Muscular Dystrophy Canada will only provide financial assistance to those clients who have completed the application process and received official approval from our Services Department prior to purchasing the item.

Information to provide

- ☐ This completed application form
- ☐ Quotes from 2 different equipment vendors for the requested item
- ☐ Letter of medical necessity for equipment, signed by health care professional (OT, PT, ORTHOTIST)
- ☐ Approval or denial letter from insurance company (if applicable)
- ☐ Signed liability waiver (page 3 of application)

Applicant information

First name: _____ Last name: _____
 Date of Birth: _____ Phone: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Guardian: _____ email: _____
(if applicant is under 18 years of age)

* If you have private insurance **we require a letter from them** stating you were declined or approved and the approval amount.

For office use only

Client ID: _____ Amount approved: _____ Signed: _____
 Region: _____ Declined: ☐ Reasoning: _____
 Project code: _____ GL Account: _____ Unit: _____

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Contact information of healthcare professional:

First name: _____ Last name: _____
 Phone: _____ Organization: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 email: _____ ☐ OT ☐ PT ☐ ORTHOTIST

Notes from health care professional

Equipment type: _____

Please provide a few lines of rationale for the equipment request. Feel free to attach a letter on a separate page.

Equipment Funding

Muscular Dystrophy Canada policy states that equipment and repairs costing less than \$200.00 will not be considered for funding. Due to funding restrictions, cost-sharing is an essential component of the Equipment Program*. Please list any additional funding sources. **Funding approvals are valid for 6 months.**

Have you approached other funders?

Funder name

Amount requested

Approved

Muscular Dystrophy Canada

\$ _____

☐ Yes ☐ No ☐ Pending

Extended Health Benefits

\$ _____

☐ Yes ☐ No ☐ Pending

\$ _____

☐ Yes ☐ No ☐ Pending

\$ _____

☐ Yes ☐ No ☐ Pending

Total requested from funding agencies

\$ _____

TOTAL EQUIPMENT COST

\$ _____

Signature of healthcare professional: _____ Date: _____

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Conditions and Care of Equipment

Upon delivery, the vendor (chosen by the client) is responsible for the inspection and safe working order of the equipment. Muscular Dystrophy Canada has carried out no inspection of this equipment and is not responsible for ensuring that it is free from defects. You acknowledge that Muscular Dystrophy Canada has no responsibility for maintenance of this equipment while it is in your possession, or for loss, damage or expense caused to you or others by improper inspection, repair, condition or use of the equipment. You are responsible for ensuring that the equipment is properly maintained and safely operated.

Regular inspection and maintenance of all equipment is your responsibility and is essential to ensure its safety and efficiency. Please ask the supplier for specific instructions about the maintenance program required for your equipment.

Correct operation of all equipment is an essential safety measure. It is imperative that you ensure you and/or the individuals operating the equipment be fully instructed in its correct operation. It is also essential the equipment be used only for the purpose for which it was prescribed. Please consult your instruction manual, supplier, or therapist's office if you have any questions regarding use of this equipment.

Liability Waiver

Muscular Dystrophy Canada has relied upon a medical professional's recommendation in agreeing to consider a financial contribution to enable you to acquire the equipment described herein. By signing this Application you acknowledge and agree that Muscular Dystrophy Canada has no liability whatsoever with respect to the medical professionals recommendation, or any loss, damage, or expense sustained by you.

If selected as a recipient of the Canada Safeway Mobility Grant, you agree to submit a letter of thanks to Canada Safeway c/o Muscular Dystrophy Canada within 30 days of receipt of equipment and allow for the details of your name, equipment received, home community, and letter to be passed along to Canada Safeway.

☐ **I acknowledge that I have read, understood, and accepted the terms as stated above.**

Signature of client (or Parent or Guardian, if under 18)

Date

Print name

Equipment requested (Description e.g. manual wheelchair, ceiling track lift)

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