

Accessibility Supports Give a Kid a Lift Application

Give a Kid a Lift Funding Request Form

Thank you for your interest in applying to the Easter Seals Alberta Give a Kid a Lift (GAKAL) Program. Easter Seals Alberta is an organization dedicated to supporting Albertans living with physical, cognitive, and/or medical disabilities, and our mission is to provide services that foster inclusion, independence, and recreation for our clients.

This program is intended to be a funding option for individuals who have exhausted all other funding resources for accessibility equipment. The amount of funding that can be provided towards a residential elevator or lift varies.

In addition to this application, the following list of supporting documentation must also be submitted:

1. Occupational or Physiotherapist Assessment;
2. Medical Report Form;
3. Notice of Assessment from the previous 2 years;
4. Quote(s) from vendor for equipment;
5. Any other documentation that may help assist us in evaluating your application.

Applications that are missing one or more of the above documents are considered INCOMPLETE and will not be reviewed until all documents have been received.

Due to the high volume of requests and limited funding, wait times to receive equipment may vary.

The information provided in this application is for the purposes of determining eligibility for assistance through Easter Seals Alberta. The information collected will be held in strict confidence and used only for the purpose for which it is intended.

Please submit your application to accessibilitysupports@easterseals.ab.ca or to the mailing address listed at the bottom of the page. **When submitting your application to the above email address, please include your FIRST and LAST name in the file name.**

Applicant Contact Information

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relevant Medical Information

Birthdate (MM/DD/YY): _____ Height: _____ Weight: _____ Gender: M F O

Primary Medical Diagnosis related to the equipment request:

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Cause: _____ Year of Onset: _____

Secondary Diagnosis: _____

Please explain how your diagnosis affects your need for an elevator or lift through the GAKAL Program:

Have you applied to Easter Seals Alberta before? _____ (Y/N)

If yes, what was the result? _____

Name and Phone Number of the person who referred you to us:

Secondary Contact Information

Contact Person:

Relationship to applicant: _____

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Occupational Therapist:

Name: _____ Phone: _____

Email: _____

Living Situation of Applicant

I live alone I live with others Who? _____

Do you rent or own your home? Rent Own

What type of dwelling is it? (ie. Apartment, Assisted Living, Bungalow): _____

Provider of Personal Care/ Support

Family Home Care Assisted Living Private None Other _____

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Employment Status

Applicant: _____

Spouse/Parents/Caregiver: _____

Transportation

Are you able to obtain transportation in and out of your home? Yes No

If so, How? _____

How do you get around outside of the home?

Drive own vehicle Relative/Friend Specialized Transportation

Public Transportation Other _____

Equipment Requested

Easter Seals Alberta will only consider one funding request at a time for the GAKAL Program. Please note that a quote must be provided in addition to the equipment information below.

Type of Equipment: _____ Make: _____ Model: _____

Have you already had your home evaluated for the installation of an elevator or lift? Yes No

Name of Vendor who completed the evaluation: _____

What equipment are you currently using?: _____

Please describe how you expect the requested equipment to impact your life (community involvement, volunteering, etc). What benefits do you expect to obtain from it? Please attach a letter if more space is required.

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Funding

Easter Seals Alberta is intended to be a funding option for individuals who have exhausted all other funding resources for accessibility equipment. It is the applicant's responsibility to reach out to other organizations prior to applying or create a cost share plan where applicable.

What type of funding assistance are you requesting?

Full Funding Partial Funding Cost share

If you have checked the partial funding or cost share option, what amount will be contributed and by who?

Amount: \$ _____ Contributor: _____

Easter Seals Alberta does not reimburse for equipment already purchased.

Equipment repairs and maintenance are the approved applicant's responsibility and are not paid for by Easter Seals Alberta. Please see the Equipment Loan Agreement on page 4 for more details.

What other organizations or programs have you attempted to secure funding from and what was the result (i.e. AADL, RAMP, etc.)?

Do you have an insurance claim pending? If yes, please explain the circumstances:

Are you experiencing any major financial obligations at this time, in the recent past or near future?
Please explain:

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Applicant's Financial Status

Please record your currently monthly financial status in the space provided.

Monthly Income (Net Family)	
Self (Employment)	
Spouse/ Parents/ Caregivers	
Child Tax Credit	
AISH	
Alberta Works (Income Support)	
Other Income This could include; private insurance, long term disability, student loans, rentals, Health and Welfare Canada, investment income, EI, child maintenance, WCB, CPP, GIA, Alberta seniors benefit, old age pension, DVA, trust funds or anything else. Please itemize your other income below.	
Total Income	\$

Assets and Liabilities

Assets	
If owned, estimated value of primary residence	
Estimated value of other property owned	
Estimated value of vehicles	
Savings	
Stocks/Bonds	
RRSP	
Other Investments: _____ _____	
Insurance Settlements:	
Total Assets	\$

Liabilities		
	Monthly Payment	Balance Owing
Mortgage		
Vehicles		
Credit Card (list)		
Other: _____ _____		
Total Liabilities	\$	

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Media Release

I (the APPLICANT) hereby authorize any images or video footage taken of myself, in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Easter Seals Alberta Website and other official channels (including social media), and to be used for media purposes including promotional presentations and marketing campaigns.

I waive rights to privacy and compensation, which I may have in connection with such use of my name and likeness, including rights to written copy that may be created in connection with video production, editing and promotion therewith.

By providing consent, I (the APPLICANT) confirm that I have read this waiver and am familiar with its content.

If you are completing this application on behalf of the applicant, by providing consent you (the PARENT and/or LEGAL GUARDIAN) confirm that you are over 18-years-of-age and are the parent and/or guardian of the applicant, have read this waiver, and are familiar with its content.

Name of Applicant (please print): _____

Signature of Applicant: _____

Name of Parent and/or Legal Guardian (if applicable): _____

Signature of Parent or Guardian: _____



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Thank you for applying to the Easter Seals Alberta Give a Kid a Lift Program. Our staff will review your application upon its receipt and will contact you regarding the status of your application as soon as possible.

Please note that your application will not be reviewed until Easter Seals Alberta has received all mandatory documentation.

Any personal information that Easter Seals Alberta may collect is collected in compliance with section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected is limited to what is necessary for determination of eligibility for benefits and programs. This information and all associated records and files shall remain under control of Alberta Seniors & Community Supports ministry and will be provided to them upon their request. All reasonable efforts shall be taken against such risks as unauthorized access, collection, use, disclosure, disposal and disaster. For any questions or concerns about the collection, use and disclosure of personal information, please contact Easter Seals Alberta.

Please submit applications to accessibilitysupports@easterseals.ab.ca

Easter Seals Alberta | P: 403.235.5662 | F: 587.391.1751 | 103, 811 Manning Rd. NE Calgary AB T2E 7L4

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