

## Adult Amputee Program Registration

Who is completing the form? \_\_\_\_\_

### Information About the Amputee

First name	Middle name(s)	Last name	
Other last name(s) previously used (optional)			<b>Language preference:</b> English <input type="checkbox"/> French <input type="checkbox"/>
Date of birth:		Gender:	
Phone number	day/month/year		
Address			
City	Province	Postal code	Email

### Amputation Information

<b>Date of amputation:</b> _____ day/month/year	<b>Cause of amputation:</b> _____ (e.g., diabetes, motor vehicle accident, etc.)
<b>Type of amputation:</b> _____ (e.g., above or below knee, hip, above or below elbow, hand, etc.)	Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/>
<b>Additional amputation details:</b> _____ (for partial foot/hand, etc.)	
<b>Second amputation, if applicable:</b>	
<b>Date of amputation:</b> _____ day/month/year	<b>Cause of amputation:</b> _____ (e.g., diabetes, motor vehicle accident, etc.)
<b>Type of amputation:</b> _____ (e.g., above or below knee, hip, above or below elbow, hand, etc.)	Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/>
<b>Additional amputation details:</b> _____ (for partial foot/hand, etc.)	

### Prosthetic Centre Information

Name, address and phone number:  
\_\_\_\_\_  
\_\_\_\_\_

## Other Financial Assistance

The War Amps does not employ a means test; however, as a charitable organization, we need to be advised of any financial assistance that is available to you other than the standard provincial coverage. Are you covered through private insurance (e.g., Manulife, Sun Life, Blue Cross, etc.) or any government programs, such as social assistance? If so, please provide details:

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## One-Time Financial Grant

We understand that adapting to life as an amputee can be a major adjustment, especially during a pandemic. As such, The War Amps is offering a one-time financial grant for new enrollees who may benefit from it during their recovery journey. The grant can be used to help offset the costs associated with becoming an amputee.

This grant is separate from any prosthetic funding support we provide and will not have an impact on the amount eligible for prosthetic care.

Are you interested in applying for this one-time financial grant? Yes  No

## Confirmation of Amputation

**To receive this grant, a member of your medical team must complete a form that confirms your amputation level.**

Medical professionals can only be one of the following:

- Doctor (general practitioner, nurse practitioner, physiatrist)
- Prosthetist
- Occupational therapist
- Physiotherapist

Once your request for registration has been processed and approved, you will receive an email from The War Amps that includes the Confirmation of Amputation form that must be filled out and signed by your medical professional.

Once the confirmation is received, a cheque will be sent to the address provided in your registration. We are not able to send funds via direct deposit at this time. We thank you for your patience as you await your payment.

How did you learn about The War Amps services for amputees? \_\_\_\_\_

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date** (day/month/year)