



Society For Manitobans With Disabilities

Wheelchair Services

1111 Winnipeg Avenue, Winnipeg, Manitoba R3E 0S3
 Ph: (204) 975-3250 Fax: (204) 975-3240 Toll Free: 1-800-836-5551

MANUAL WHEELCHAIR REQUEST FORM: PALLIATIVE

A standard category 1 manual transport chair is available for persons considered to be at the end stage of a terminal illness. This equipment is not suitable for persons who have postural issues and cannot be supported in a category 1 wheelchair.

Request type: **urgent** (applicant requires the wheelchair full time) **regular** (applicant requires the wheelchair part time)

CLIENT INFORMATION			
PHIN 	Gender M F	Birth Date	Year/ Mon/ Day
Surname		Given Name	
Address	City/Town	Prov	Postal Code
Home Phone #	Height	(cm)	Weight: (kg)
		(in)	(lbs)
Diagnosis			
Degree of Impairment			
Contact Name and Number for pick-up of wheelchair:			
NEXT OF KIN			
Surname:	Given Name:	Relationship:	
Address	City/Town	Prov	Postal Code
Home Phone #	Work Phone #:		
SCRIPTER			
Scripter's Name :	Position:		
Address	City/Town	Prov	Postal Code
Phone #	Fax #:		
STANDARD WHEELCHAIR PRESCRIPTION (There are a limited number of chairs in the pool - not all sizes and features may be available at time of request. Category 1 chairs only will be provided.)			
Seat Width: 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20" <input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/>		Arm Rests: Full Length <input type="checkbox"/> Desk Length <input type="checkbox"/>	
Seat Depth: 16" <input type="checkbox"/>		Leg Rest: Standard <input type="checkbox"/> Elevating <input type="checkbox"/>	
Seat to Floor Height: 17.5" <input type="checkbox"/> 19" <input type="checkbox"/>			

Equipment Loan Agreement (see reverse side)

I have read and understood the terms of this Equipment Loan Agreement printed on the reverse side of this form. I am legally bound by the terms and I accept the loan of the equipment on these terms.

 Signed by Client Witness Signature Witness Name (Print) Date

A representative may sign on behalf of a client. If you are signing as a representative, please complete information below.

 Name Relationship to Applicant Address/City/Town Date

PRIVACY STATEMENT	EQUIPMENT LOAN AGREEMENT
<p>The personal health information on this application is treated in compliance with the “Personal Information Protection and Electronic Documents Act”. In order to serve you better we may need to share your personal information with others. Most commonly these include medical professionals. A summary of SMD Services privacy policy will be provided with your wheelchair notification. SMD promises to treat your personal information in a secure and reasonable fashion while providing you with the highest level of professional service.</p>	<p>The equipment is the property of the Winnipeg Regional Health Authority (WRHA) and is loaned through the Manitoba Wheelchair Program, operated by the the Society for Manitobans with Disabilities Inc.</p> <ul style="list-style-type: none"> • I accept the loan of the equipment on the following terms : • I am only entitled to use the equipment while I am a full time resident of Manitoba. • I will only use the equipment for my personal mobility. • I will use and store the equipment carefully to avoid damage or loss. • I will not remove the permanent identification tag attached to the equipment. • I will follow the preventative maintenance program and make the equipment available for servicing. If the equipment is damaged, I will notify the Manitoba Wheelchair Program and follow its repair instructions. If the equipment is damaged because I did not use or store the equipment carefully, I may be required to pay the cost of repair. • If I move within Manitoba, I will report my new address and telephone number to the Manitoba Wheelchair Program no later than 30 days following my move. If I move outside Manitoba, I will return the equipment before I leave the Province. • If I enter a personal care home in Manitoba, I may continue to use the equipment only if I have been a client of the Manitoba Wheelchair Program for the 6 months before I enter the personal care home. • I will not sell, loan or allow any other person to use the equipment. • The WRHA will have no responsibility for equipment repairs outside of Manitoba. • The WRHA may re-assess my need for the equipment at any time. • I will promptly return the equipment to the Manitoba Wheelchair Program if I am no longer eligible under the Manitoba Wheelchair Program or if I no longer need the equipment or if I do not observe the terms of this agreement. • If the equipment is not returned, I will pay the cost to replace the equipment. • This agreement binds my estate. • If I am a minor, I agree this is a contract to supply a necessary wheelchair and is binding on me when I reach 18. If I am signing on behalf of a minor, both the minor and I are individually liable for these obligations.