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101 – 1601 Buffalo Place
Winnipeg, MB R3T 3K7
www.ctsinc.mb.ca
Fax: 204-942-1428
Phone: 204-949-0533

Community Therapy SERVICES

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Winnipeg, MB R3T 3K7
www.ctsinc.mb.ca
Facsimile: 204-942-1428
Téléphone: 204-949-0533

EQUIPMENT FUNDING REQUEST

Client's Name: _____ Income Assistance #: _____
Address: _____ EIA Case Coordinator: _____
DOB: _____ _____
CTS Chart #: _____

Equipment recommended and being requested: _____

_____

_____

Medical Justification: _____

_____

_____

_____

_____

Alternative Providers of Requested Equipment for this Individual:

S.M.D. Wheelchair Services: ☐ Not Available ☐ Not Appropriate _____

_____

☐ Yes, with up charge: _____

Materials Distribution Agency: ☐ Not Available ☐ Not Appropriate _____

_____

Medical Services: ☐ Not Available ☐ Request Denied _____

_____

Other Agencies/ Funders Approached and Results: _____

_____

Total Cost: $ _____ Supplier: _____

Public Trustee: Three quotes attached (required) ☐

Signature of Assessor: _____ ☐ **Occupational Therapist**

Date: _____ ☐ **Physiotherapist**
Day/ Month/ Year

For further information: 204-949-0533 Ext. _____

The undersigned authorizes the order of and assumes payment responsibility for the equipment.

Name and Signature of Funder:

_____

Billing Address: _____