Winnipeg Regional Health Authority
Caring for Health
Office régional de la santé de Winnipeg
À l'écoute de notre santé

496 Hargrave Street
Winnipeg, Manitoba
R3A 0X7 CANADA
www.wrha.mb.ca

496, rue Hargrave Winnipeg,
Manitoba
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Registration Letter to Request Wheelchair Cushion

To: WRHA HOME CARE PROGRAM CONSULTANT
3rd floor 496 Hargrave Street
Fax: (204) 940-2009 Phone: (204) 223-3044

The following client requires registration with the WRHA Home Care Program Wheelchair Cushion Program for clients with spinal cord injuries:

Client Name:_____

MHSC & PHIN:_____

Date of Birth:_____
(DD/MMM/YYYY)

ELIGIBILITY

1. Client lives within the WRHA:

Address and Postal Code:_____

Phone Number(s):_____

2. Client has a spinal cord injury:

Diagnosis: _____

3. Client is a:

☐ Full-time wheelchair user

☐ Part time wheelchair user (please elaborate) _____

_____

4. Client has funding through:

☐ **MPIC** ☐ **WBC** ☐ **FNIHB** ☐ **OTHER, Specify: _____**

From: _____
(Name, Designation, Signature)

_____
(Workplace and Address)

Date: _____
(DD/MMM/YYYY)