

Over fifty years of service to Manitobans
Helping people to live active and independent lives

Aider les gens à mener une vie active et autonome
Plus de cinquante années au service des Manitobains

101 – 1601 Buffalo Place
Winnipeg, MB R3H 1B6
www.ctsinc.mb.ca
Fax: 204-942-1428
Phone: 204-949-0533



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EQUIPMENT FUNDING REQUEST

Client's Name: _____
Address: _____
DOB: _____
CTS Chart #: _____

Income Assistance #: _____
EIA Case Coordinator: _____

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: _____
Day/ Month/ Year

☐ Physiotherapist
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: _____