



Home Care Request Form: Wheelchair Cushion

Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MB Reg #
PHIN
Address

Submit completed form, vendor quotes, and Community Health Services Equipment Order Script to Home Care Equipment via WrhaHomecareEquipment@wrha.mb.ca **OR** fax (204) 940-2009

Clients are eligible for a wheelchair cushion funded by the Winnipeg Regional Health Authority based on the following criteria:

- Requestor has confirmed that the Client lives within the WRHA catchment area.
- The Client has a qualifying spinal cord injury diagnosed by a physician using the American Spinal Injury Association Classification guidelines.

Enter Relevant Medical Diagnosis: _____

- Requestor has confirmed that the Client does not have funding through a third-party funder-including but not limited to Manitoba Public Insurance Corporation, Workers Compensation Board.

Printed Name: _____

Signature & Designation: _____

Work Phone Number: []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]

Fax number: []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]

Program Name: _____

Community Health Services Equipment Order Script and vendor quotes must be attached but will not be uploaded to the Electronic Health Client Record.