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**Plus de cinquante années au service des Manitobains**

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To whom it may concern,

In an effort to meet the individual needs of the resident, an assessment by an occupational therapist and/or physiotherapist has been requested. As a result of the assessment, the use of equipment is recommended to enhance comfort, function, and safety. The personal care home does not receive funding to cover the cost of these specialized items.

Enclosed is a Funding Authorization form relating to equipment needs. If you wish the therapist to order the indicated equipment, please sign the enclosed form and return it to the personal care home. You may then be directed to arrange payment directly with the vendor prior to equipment being delivered. If quotes are arranged by the therapist, it does not imply endorsement of the vendor. A variety of vendors are used depending on the specific needs of the resident and the items available through each individual vendor. If you have a preference as to which vendor is used, please indicate this on the Funding Authorization form.

You have the option to obtain the indicated item(s) independently. However, if you do so, please notify the therapist of your intention and ensure that the equipment specifications match the therapist's recommendations. It may be possible to obtain previously-owned equipment. A trial period to assess the suitability of the items prior to purchase is advisable, although a trial is not always possible. All equipment is to be approved by the personal care home.

If the resident has applicable insurance coverage such as the extended benefits plan of Blue Cross, a portion of the cost may be eligible for reimbursement. It is the responsibility of the financial designate to determine eligibility and submit the required documents to the insurer. The therapist can provide the financial designate a prescription for the equipment upon request.

Please note that clinical judgement is used to consider current and potential future needs of the resident when making equipment recommendations. However, there is the possibility that additional or alternate equipment may be indicated in the future.

Thank you in advance for your co-operation in helping us meet the needs of the resident. Please contact the writer of this letter should you have questions.

Sincerely,

Occupational Therapist/Physiotherapist  
Community Therapy Services Inc.  
204-949-0533 x \_\_\_\_\_