Easter Seals TM MD
Timbres de Pâques
New Brunswick
Nouveau Brunswick
Serving People With Disabilities Since 1966
Servir les personnes handicapées depuis 1966

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E-mail: info@easterseals.nb.ca
Web: www.easterseals.nb.ca

Assessment Equipment Program Application

Medicare #: _____ Application Date: _____
Health Care ID #: _____ Expiry Date: _____
1.) Applicant's Name: _____ Date of Birth: _____
*If applicant is a child, please use child's name (YY/MM/DD)

Address: _____
Street

_____ _____ _____
City Postal Code Telephone Number

Next of Kin: _____ Relationship: _____
Diagnosis: _____ Functional Disability: _____

Will Assessment be performed in school? ☐Yes ☐ No
If yes, what is the name of the school? _____

2.) Rehabilitation Equipment for assessment only (include complete ordering information – brand, catalogue number, size, etc.)

_____
_____
_____
_____

3.) Referring Party: _____ _____ _____ _____
Name (please print clearly) Signature Profession Date

_____ _____
Work Address Telephone

_____ _____ _____
Street City Postal Code

Ship to: ☐ Referring Party ☐ Applicant

Billed to ($36 per item): ☐ Referring Party ☐ Applicant ☐ Other
If other please provide address: _____
Street

_____ _____ _____
City Postal Code Telephone Number

NOTE: *On completion of Assessment, the user is expected to cover the cost of returning equipment to Easter Seals New Brunswick. Easter Seals New Brunswick assumes the responsibility for shipping of equipment to the user. If any further information is required, please call or fax Easter Seals New Brunswick at the numbers below.*

The Assessment Equipment Program at Easter Seals New Brunswick is made possible by the many generous suppliers of rehabilitative equipment who loan the equipment to Easter Seals New Brunswick.