

# Equipment Repair Pilot Project

First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Cell: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

What type of equipment do you need serviced?

Crutches		Power Chair	
Bed Rail		Mobility Scooter	
Bath Rail		Electric Wheelchair	
Toilet Booster Seat		Walker	
Manual Wheelchair		Toilet Grab Bars	
Bath chair/bench		Other (Specify)	

Have you had your equipment assessed already? (Y/N) \_\_\_\_

Description of problem(s): \_\_\_\_\_

If your equipment was assessed do you know the estimated cost for repairs? (Y/N) \_\_\_\_

What is the estimated cost? \$ \_\_\_\_\_

In keeping with Langley Pos-Abilities Mandate of "Giving a Hand Up, not a Handout", are you prepared to cover 25% of the total cost of the repair? (Y/N) \_\_\_\_

If the item being repaired needed to be kept for a week for instance, to get parts before the repair could be completed, could you still function without the item? (Y/N) \_\_\_\_

**\*All fields are mandatory. Incomplete forms will not be considered.**

Your application will be subject to approval by the society's board. You will be notified either by email or telephone when a decision has been made.