



Muscular Dystrophy Canada's Safeway Mobility Grant

What are Safeway Mobility Grants?

Muscular Dystrophy Canada has teamed up with Canada Safeway to raise much needed funds to support those living with neuromuscular disorders. The Safeway Mobility Grants were created to assist registered clients with the purchase of new medically necessary mobility related equipment. In order to be eligible to receive funding, you must be a registered client of Muscular Dystrophy Canada.

What type of equipment is eligible for funding assistance?

The focus of the grants is to provide specialized mobility related equipment that will improve the lives of individuals affected by neuromuscular disorders. Starting October 1st 2014, we will begin accepting applications for funding through our Safeway Mobility Grant; the application window will remain open until October 31st. If all requests for equipment can be completed and funds still remain, the application window may open again in the Spring of 2015. Please note that this will be assessed on a provincial basis.

Some items that we are able to consider are:

- Mobility aids such as power and manual wheelchairs, walkers and scooters
- Seating and positioning aids such as specialty cushions, power tilt and lift chairs
- Orthopaedic devices such as leg braces, AFOs and orthopaedic splinting
- Access equipment such as stair glides, porch lifts and ramps
- Other items such as hospital beds/mattresses, patient lifters, ventilators, cough assists and bathing devices
- Small contributions to accessible vehicles and home modifications

To ensure that as many families as possible are able to benefit from this opportunity, there will be limitations regarding the scope of approval, pertaining to both the amount of funding allotted to each individual, as well as the items that will be considered for funding.

Additionally, Muscular Dystrophy Canada cannot reimburse for purchases already made by individuals. To comply with the guidelines set out by our Charitable Registration Number, we can only issue payment to a licensed vendor.

How does a person apply for a Safeway Mobility Grant?

If you would like to be considered to receive funds from the Safeway Mobility Grant, you are requested to submit the following information:

Western Canada



- The application form, which is available to download at www.muscle.ca (also attached to this letter)
- Two quotes from two different vendors for the item you are requesting
- A statement of medical necessity from an Occupational Therapist, Physical Therapist, Orthotist or Respiratory Therapist confirming that the equipment requested is best suited to fit your needs
- Information regarding any other funding sources approached for the equipment, including insurance companies and extended health benefits

The completed request can be mailed, faxed or e-mailed to the address below. Please note that a request is not considered complete and will not be reviewed until all of the required information is received.

Muscular Dystrophy Canada
Attn: Equipment Services
7th Floor – 1401 West Broadway
Vancouver, BC V6H 1H6

F: 604.731.6127; E: infowest@muscle.ca

Once an application is received in its entirety, it will be reviewed by a member of the Services staff. Once a decision is made, the Services staff will then call the OT/PT/Family to inform them of the decision, and if applicable, a purchase order will be faxed directly to the vendor.

If selected as a recipient of the Safeway Mobility Grant, you will be required to submit a thank you letter to Canada Safeway c/o Muscular Dystrophy Canada as well as permission to release details of your equipment received and home community to Canada Safeway. This letter may be used in subsequent years in store during the *Moving Muscles Campaign*. Additionally, you may be contacted during the annual *Moving Muscles Campaign* to participate in your local community as a volunteer.

For questions regarding whether or not an item is appropriate for the Safeway Mobility Grant, or for further information, please contact:

Debbie Mackay
Administrative Assistant Services – Western Canada
604.732.8799 ext 2104 or 1.800.366.8166 ext 2104
debbie.mackay@muscle.ca

Thank you to Canada Safeway for their generosity and dedication in supporting individuals affected by neuromuscular disorders.

Western Canada



Muscular Dystrophy Canada recognizes the pressure on families and individuals with disabilities to secure affordable equipment. Muscular Dystrophy Canada strongly believes that it should be the responsibility of the government to fulfill the needs of Canadians with disabilities. In support of our mission and in response to the lack of this support, Muscular Dystrophy Canada draws on available fundraising dollars to provide assistance through our Mobility Equipment Program.

Muscular Dystrophy Canada is a not-for-profit organization dedicated to helping Canadians with neuromuscular disorders live fuller, more active, independent lives. We rely heavily on the generous donations from the public to achieve our mission. For more information, please visit www.muscle.ca.

Muscular Dystrophy Canada will not reimburse for previously purchased equipment. Muscular Dystrophy Canada will only provide financial assistance to those clients who have completed the application process and received official approval from our Services Department prior to purchasing the item.

Applications will not be processed until all of the following information is provided:

*****Note that requests will not be reviewed until all documentation has been received.**

<input type="checkbox"/>	This completed application form
<input type="checkbox"/>	Quotes from 2 different equipment vendors for the requested item
<input type="checkbox"/>	Letter of medical necessity for equipment or assistive device, signed by a health care professional (OT, PT, or Orthotist)
<input type="checkbox"/>	Approval or denial letter from insurance company (if applicable)
<input type="checkbox"/>	Signed liability waiver (Page 3 of application form)

Applicant Information:

First Name: Last Name:
 Date of Birth: Phone Number:
 Address:
 City: Province: Postal Code:
 E-mail address:
 Parent/Guardian's Name (if applicant is under 18):

For office use only:

Client ID: Amount Approved: Signed:
 Region: G/L Account: Project Code:
 Other Funders:

Submit completed application to:

1401 West Broadway, 7th floor Vancouver, BC V6H 1H6 Attention: Services Department
 Fax: 604.731.6127 or Email: infowest@muscle.ca



Requested Equipment

Description of Requested Equipment:

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Describe the benefits of this equipment and how it will positively affect your life:

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Contact Information of Health Care Professional:

First Name: Last Name:

Organization: Phone Number:

Address:

City: Province: Postal Code:

E-mail address:

OT PT Orthotist Other

Equipment Funding:

Due to funding restrictions, cost-sharing is an essential component of the Equipment Program. Please list any other funding resources.

Have you approached other funders? Yes No

*If you have private insurance, **we require a letter from them** stating you were declined or approved and the approval amount.

Funder Name	Amount Requested	Approved
Muscular Dystrophy Canada	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
TOTAL EQUIPMENT COST:	\$	



Conditions and Care of Equipment

Upon delivery, the vendor (chosen by the client) is responsible for the inspection and safe working order of the equipment. Muscular Dystrophy Canada has carried out no inspection of this equipment and is not responsible for ensuring that it is free from defects. You acknowledge that Muscular Dystrophy Canada has no responsibility for maintenance of this equipment while it is in your possession, or for loss, damage or expense caused to you or others by improper inspection, repair, condition or use of the equipment. You are responsible for ensuring that the equipment is properly maintained and safely operated.

Regular inspection and maintenance of all equipment is your responsibility and is essential to ensure its safety and efficiency. Please ask the supplier for specific instructions about the maintenance program required for your equipment.

Correct operation of all equipment is an essential safety measure. It is imperative that you ensure you and/or the individuals operating the equipment be fully instructed in its correct operation. It is also essential that the equipment be used for the purpose for which it was prescribed. Please consult your instruction manual, supplier, or therapist's office if you have any questions regarding use of this equipment.

Liability and Media Waiver

Muscular Dystrophy Canada has relied upon a medical professional's recommendation in agreeing to consider a financial contribution to enable you to acquire the equipment described herein. By signing this application, you acknowledge and agree that Muscular Dystrophy Canada has no liability whatsoever with respect to the medical professional's recommendation, or any loss, damage, or expense sustained by you.

If selected as a recipient of the Canada Safeway Mobility Grant, you agree to submit a letter of thanks to Canada Safeway c/o Muscular Dystrophy Canada within 30 days of receipt of equipment and allow for the details of your name, equipment received, home community, and letter to be passed along to Canada Safeway.

I acknowledge that I have read, understood, and accepted the terms as stated above.

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Signature of client (or Parent/Guardian if under 18)

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Date

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Print Name

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Equipment Requested (Description e.g. manual wheelchair, ceiling track lift)

Submit completed application to:

1401 West Broadway, 7th floor Vancouver, BC V6H 1H6 Attention: Services Department
Fax: 604.731.6127 or Email: infowest@muscle.ca