

**Waverley Glen and Easter Seals Ontario
Guidelines for Completing the Replacement Sling Application Form**

1. **The applicant must be registered with Easter Seals Ontario and have a valid Ontario Health Card.**
2. A limited number of replacement slings are available and requests will be approved based on the availability of slings, at the time the request is received.
3. Waverley Glen will provide replacement slings due to growth; requests for secondary slings are not eligible. One sling is available per client.
4. The application period for submission of applications will be January 1st to September 30th, annually. Ability to fund all eligible applications received is conditional on the availability of slings. When all of the donated slings have been dispensed the program will be closed, for the current year.
5. Faxed copies will not be accepted.
6. Please include a letter of support from the prescribing therapist.
7. Have prescribing therapist complete the required specifications for the required sling. type, size etc.
8. If any information is missing or the application is incomplete, the application will be returned for completion, potentially delaying the process for assistance.
9. Complete the authorization to release information by stating that Easter Seals Ontario may release information to Waverley Glen or to contact the prescribing therapist.
10. Sign and date the completed application. Remember to keep a copy of the completed application for your own files.
11. Waverley Glen produces a variety of slings utilizing an industry-standard hook and loop system. Although some floor and ceiling lift manufacturers advise customers only to use their slings, Waverley Glen slings may be used in conjunction with any lifts that utilize a loop-based carry bar design, as long as the following precautions are taken prior to use: For a sling to be assessed to be compatible with a hoist, a risk assessment should be conducted, either by a qualified caregiver, or through the utilization of the sling and lift manufacturers representative. Initial appraisal of the sling and lift should ensure the following: that the distance from carry bar to the sling is appropriate; that the client should have multiple inclination options; and; that the carry bar of the lift should not constrict the client, nor should it be excessively wide.
12. Upon approval, notification will be sent directly to Waverley Glen and they will ship the sling directly to the client, covering all delivery costs.

PLEASE NOTE, parent(s) will indemnify and save harmless Easter Seals Ontario and its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor Easter Seals Ontario acts as a third party funder and as such has no role in prescribing, recommending equipment, or in the relationship between the parent and vendor.

If you have any questions about the application or the process, please do not hesitate to contact the Financial Assistance Program toll free at 1-866-630-3336. If you live in the Greater Toronto Area, please call (416) 421-8146. Visit our website at www.easterseals.org for more information.

Replacement Sling Application Form

FAXED COPIES WILL NOT BE ACCEPTED. Please print in pen

Please Note: Approval of this application is dependent upon availability of slings at the time the application is received.

Parent Name: _____	Date of Request: _____
Last Name, First Name	Month, Day, Year
Address: _____	
City: _____	Postal Code: _____
Telephone Numbers: Home: () _____ Work: () _____	
Parent E-mail Address: _____	
Child's Name: _____	Date of Birth: _____
Last Name, First Name	Month, Day, Year
Diagnosis: _____	
Have you received Easter Seals' funding previously: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>For Statistical Purposes Only:</u> Please indicate your total household income:	
<input type="checkbox"/> \$0-\$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> \$40,000-\$60,000 <input type="checkbox"/> \$60,000-\$80,000 <input type="checkbox"/> \$80,000-\$100,000 <input type="checkbox"/> over \$100,000	

Please include a letter of support from an OT or a PT for the need of the re-placement sling. Please have the therapist complete the required information, in the box below, for the size and type of the replacement sling.

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Please select appropriate sling and size by placing an X in the box of corresponding sling and material.
Please refer to sizing chart for correct size of sling.

Slings	Universal	Universal H/S	Hammock	Hygiene (Velcro)	Hygiene (Buckle)
Materials					
Padded					
Quilted					
Mesh					

SIZE	JUNIOR	SMALL	MEDIUM	LARGE

Size	Height	Weight
Junior	< 4'	<110 lbs
Small	4'-5'6"	95 lbs-150 lbs
Medium	5'-6'	125 lbs-250 lbs
Large	6'-7'	250 lbs-400 lbs

I instruct and authorize Easter Seals Ontario to provide and release any information to Waverley Glen after Easter Seals Ontario has approved this application.

I understand that no information will be released without my authorization. I understand and agree that the release of information may take the form of electronic data exchanges.

I will indemnify and save harmless Easter Seals Ontario its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor. Easter Seals Ontario acts as a third party funder and as such has no role in prescribing, recommending equipment, or in the relationship between the parent and vendor.

Parent Signature: _____ Date: _____

Please review the form to ensure all information and supporting letters/documentation are provided. If any information is missing, the application will be returned for completion, resulting in a delay in processing the request. Ensure you keep a copy of the completed form for your files.

If you have any questions about the application or whether Easter Seals Ontario funds certain equipment, or items, please do not hesitate to contact the Financial Assistance Program toll free line at 1-866-630-3336. If you live in the Greater Toronto Area please call (416) 421-8146. **Please return the completed form to:**

**Financial Assistance Program
Easter Seals Ontario
One Concorde Gate, Suite 700
Toronto, Ontario M3C 3N6**