



# Workplace Support Program Application for Technical Aids and Assistive Devices

This form will be completed by the applicant when requesting funding for technical aids and assistive devices. The funding is subject to an annual budget and is provided on first-come-first-served basis

## 1 Provide personal information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: Nova Scotia, Canada Postal code: \_\_\_\_\_

Phone number: (xxx xxx-xxxx) \_\_\_\_\_ Alternate phone number: (xxx xxx-xxxx) \_\_\_\_\_

E-mail address : \_\_\_\_\_

Annual net income as reported on your most recent Notice of Assessment from Canada Revenue Agency \$: \_\_\_\_\_

Describe the disability and how it presents a barrier to working in your current position/attending school:

## 2 Provide employment/enrollment information

Choose the option that applies:  Employed  Employment opportunity  Student in a post-secondary institution  Self-Employed

Name of company/post secondary institution: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Canada Postal code: \_\_\_\_\_

Phone number: (xxx xxx-xxxx) \_\_\_\_\_ E-mail address : \_\_\_\_\_

Position: \_\_\_\_\_ Type of work/program: \_\_\_\_\_

Employment/Enrollment:  Full-time  Part-time Contact name: \_\_\_\_\_

## 3 Provide aid or assistive device information (Please refer to the standards for a complete list of eligible aids and devices)

Aid or assistive devices: \_\_\_\_\_

Please select which quote is your preference:

Quote 1 Name of the company: \_\_\_\_\_ Amount \$: \_\_\_\_\_

## 4 Provide additional information

- Yes No Have you had funding for this aid or device from the Dept. of Community Services/TWC in the past? If yes, specify when: \_\_\_\_\_
- Yes No Are you in receipt of Income Assistance from the Department of Community Services?
- Yes No Are you in receipt of Workers' Compensation?
- Yes No Are you in a Workers' Compensation Appeal?
- Yes No Are you in receipt of Canada Disability Pension?
- Yes No Have you ever served in the Military and may be eligible for supports under the Canada Veteran's Rehabilitation Act?
- Yes No Do you have access to a medical insurance plan (e.g., Blue Cross) which can contribute towards the purchase of the technical aid and/or assistive device? If yes, specify amount: \$ \_\_\_\_\_

## 5 Information required for statistical purposes

TEAM Work Cooperative requires the following information from individuals receiving support through this program.

Number of hours working per week : \_\_\_\_\_ Hourly wage earned \$: \_\_\_\_\_

Level of education:  Less than high school  Completed high school  Trade certificate  Diploma  University degree

## 6 Sign consent and date

Checking the box below indicates you have read and understood the consent statements.

- I certify that the information given on this form is complete and accurate
- I understand that TEAM Work Cooperative collects personal information for the purpose of assessing my eligibility for this program. Collection, use and disclosure of personal information is governed by the Freedom of Information and Protection of Privacy Act.
- If approved for funding, I give permission for TEAM Work Cooperative to contact the chosen vendor.

I understand that my information may be shared with the Department of Community Services if requested.

Name: \_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_ Date: (dd/mm/yyyy) \_\_\_\_\_

## 7 Attach the following information to your application

Letter, note or prescription from an appropriate medical practitioner outlining details of technical aid or assistive device required (e.g., doctor, OT, audiologist)

Copy of Notice of Assessment from Canada Revenue Agency verifying annual net income and, if self-employed, a copy of your most recent T2125 (Part 1 to Part 5)

Two quotations from different vendors for the requested aid or device.

If on CPP-D, a letter confirming they will not cover the cost of the technical aid or assistive device.

If attending post-secondary, confirmation of enrollment.

A copy of your most recent pay stub.

## 8 Submitting your application

Forms and attachments can be sent by:

- Handing over to the TEAM Work Cooperative office
- or mail to:-  
*TEAM Work Cooperative*  
*Workplace Support Program*  
*7051 Bayers Rd, Suite 501*  
*Halifax, Nova Scotia B3L 2C1*
- or scan and e-mail to [workplacesupportprog@teamworkbridge.org](mailto:workplacesupportprog@teamworkbridge.org)