



TECHNOLOGY FOR INDEPENDENT LIVING – APPLICATION FOR SERVICE

CLIENT INFORMATION

Name of Applicant (Client): _____ Date of Birth: _____
D/M/Y

I, _____, hereby authorize the Technology for Independent Living Program (TIL) a program of Technology for Living, and/or its representatives to release to or obtain from such agencies, individuals, medical centres or hospitals as are concerned with my medical rehabilitation, any and all pertinent information which may be necessary to assist in providing me with medical rehabilitation services.

I declare that any information which I have provided in order for the Technology for Independent Living Program to determine my eligibility to receive service at no cost or at a reduced cost is true to the best of my knowledge and belief.

I understand that all such information will be treated as confidential and privileged, and used only for the purpose of assisting my medical rehabilitation.

I am nineteen years of age or older.

DATED THIS _____ DAY OF _____ 20 _____

SIGNATURE: _____

(CLIENT)

****IF CLIENT IS UNABLE TO SIGN, A SECOND WITNESS IS REQUIRED***

SIGNED BY (IF NOT CLIENT *): _____

(CLIENT REPRESENTATIVE *)

RELATIONSHIP TO CLIENT: _____

**** FIRST WITNESS IS REQUIRED***

WITNESS:	NAME: _____	SIGNATURE: _____
	ADDRESS: _____	_____
	(STREET)	(CITY/PROVINCE/POSTAL CODE)

**** SECOND WITNESS IS REQUIRED***

WITNESS:	NAME: _____	SIGNATURE: _____
	ADDRESS: _____	_____
	(STREET)	(CITY/PROVINCE/POSTAL CODE)

APPLICANTS CURRENT RESIDENCE

Facility Name (if applicable): _____

Address: _____
(STREET) (CITY/PROVINCE/POSTAL CODE)

Phone: _____ Email: _____

APPLICANTS HOME ADDRESS (if different than above)

Address: _____
(STREET) (CITY/PROVINCE/POSTAL CODE)

Phone: _____ Email: _____

MEDICAL INFORMATION AND COVERAGE

Medical Diagnosis: _____ Onset/Reason: _____

Referring Therapist: _____ Phone: _____

Facility/Organization: _____ Email: _____

Address: _____
(STREET) (CITY/PROVINCE/POSTAL CODE)

Does client have ICBC/WCB coverage? ICBC WCB NONE

ICBC/WCB Claim #: _____ Contact Name: _____

Phone: _____ Fax: _____ Email: _____

CLIENT CONTACTS

Primary Contact Name: _____ Relation to Client: _____

Phone: _____ Email: _____

Address: _____

Alternate Contact Name: _____ Relation to Client: _____

Phone: _____ Email: _____

Address: _____

ENVIRONMENTAL CONTROL AND HOME AUTOMATION REQUEST

Does client have any environmental controls (see Page 4) at present: Yes No

If yes, please describe: _____

If client would like help accessing a smartphone, tablet, or any smart home automation devices, please provide make and model of smartphone, tablet, or any smart home automation devices currently installed in home:

What devices does client want to control from wheelchair/sitting? _____

What devices does client want to control from bed/reclining? _____

What is stopping client from using these devices? _____

What technology, switches, or switch placement will best assist client (if unknown, leave blank)?

Who is able to assist client with technical needs?

Primary Contact Alternate Contact Therapist

Other Name: _____

Phone: _____ Email: _____

Request Form Completed By

Client Primary Contact Alternate Contact Therapist

Other Name: _____

Phone: _____ Email: _____

APPLICATION SUBMISSION AND NEXT STEPS

When application is completely filled out, please mail, fax, or email to:

TECHNOLOGY FOR INDEPENDENT LIVING
#103 – 366 East Kent Ave South
Vancouver, BC V5X 4N6
Phone: 604-326-0175
Fax: 604-326-0176
Email: TIL@technologyforliving.org
Website: www.technologyforliving.org

After submitting your application for service, a TIL technologist will be in contact with the client and their referring therapist to confirm clients application status, gather further information about the clients' needs and abilities (if required), and/or to setup an appointment to start TIL service.

We look forward to being of service to you and your care team!

TIL ENVIRONMENTAL CONTROL AND HOME AUTOMATION SYSTEMS

TIL'S Environmental Control Systems (ECS) and Home Automation Systems allow clients who are unable to control their environment in a usual manner to do so electronically. Devices, which are typically operated via an ECS, include, but are not limited to; lights, radios, fans, thermostats, televisions, doors, and telephones.

TIL's Environmental Control Systems are not intended to provide emergency call or home security functions, or to control kitchen appliances or heating devices (electric blankets, portable heaters, etc).

In many cases, complicated electronic controls may not be needed to enable the user to operate equipment. Our technical staff can advise as to whether your own equipment can be adapted, and will adapt it, if appropriate.

A potential candidate for an ECS is any individual who has the desire to maximize independence via personal control over their home environment.

An Occupational Therapist, or others assisting in this process, should be prepared to act as a resource person, who will inform the TIL of any change in status and to be available to assist with the installation and/or follow-up. All system users are asked to be part of an on-going evaluation and education process.

Our program services include assessment, installation, repairs and follow-up throughout the entire Province. Because of this, there may be some delay before we can provide the service you need. If any changes occur after the completion of this form, please let us know.

Please keep this page for your personal reference.