BCITS technology for living

Provincial Respiratory Outreach Program • PROP

Technology for Independent Living Program • TIL

TECHNOLOGY FOR INDEPENDENT LIVING

#103 - 366 East Kent Avenue South

Vancouver, BC V5X 4N6

Phone: **604-326-0175**

Fax: **604-326-0176**

Email: **til@bcits.org**

Website: **www.bcits.org**

BCITS technology for living

Provincial Respiratory Outreach Program • PROP

Technology for Independent Living Program • TIL

CLIENT INFORMATION UNDERTAKING

I,_____, hereby authorize the Technology for Independent Living Program (TIL) a program of The BC Association for Individualized Techology and Support for People with Disabilites (BCITS), 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 financial and other 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 _____

SIGNED BY:_____WITNESS: _____

CLIENT/REPRESENTATIVE — SIGNATURE

_____ _____

STATE RELATIONSHIP TO CLIENT — NAME

_____

STREET

_____

CITY /PROVINCE/POSTAL CODE

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

_____

SIGNATURE

_____

NAME

_____

STREET

_____

CITY/PROVINCE/POSTAL CODE

PERSONAL INFORMATION

Name of Applicant:_____
(First) (Last)

Date of Birth:_____ Sex: M:☐ F:☐ Date of Application:_____
M/D/Y M/D/Y

Name of Current Care Residence (if applicable):_____

Address:_____

City:_____ Postal Code:_____

Phone: _____(ext)_____ Fax:_____ Email:_____

Home Address if different from above:

_____

City:_____ Postal Code:_____

Phone:_____(ext)_____ Fax:_____ Email:_____

MEDICAL INFORMATION AND COVERAGE

Medical Diagnosis:_____

Onset/Reason (e.g., MVA, Accident):_____

Referring Therapist/Doctor _____ Phone:_____(ext_____ Fax:_____

Facility/Organization: _____ Phone:_____(ext)_____ Fax:_____

Address:_____

_____ Postal Code:_____

Do you have ICBC coverage? ☐ Yes ☐ No Do you have WCB coverage? ☐ Yes ☐ No

Claim #_____

Contact Name:_____ Phone:_____(ext)_____ Fax:_____

Address:_____

City_____ Postal Code: _____

CONTACT PERSONS:
(i.e., A person who will assume responsibility for completion of forms, arranging appointments, etc. if client is unable to do this.)

Primary Contact

Name:_____ Relationship to client:_____

Street Address:_____

City:_____ Postal Code:_____

Phone:_____ (ext)_____ Fax:_____ Email:_____

Alternate Contact

Name:_____ Relationship to client:_____

Street Address:_____

City:_____ Postal Code:_____

Phone:_____ (ext)_____ Fax:_____ Email:_____

Person Prescribing Equipment

Name:_____ Relationship to client:_____

Street Address:_____

City:_____ Postal Code:_____

Phone:_____ (ext)_____ Fax:_____ Email:_____

Form Completed by:

Client: Yes ☐ No ☐ Primary Contact: Yes ☐ No ☐ Alternate Contact: Yes ☐ No ☐

If none of the above:

Name:_____ Relationship to client:_____

Street Address:_____

City:_____ Postal Code:_____

Phone:_____ (ext)_____ Fax:_____ Email:_____

ENVIRONMENTAL CONTROL SYSTEM REQUESTS

An Environmental Control System (ECS) allows a person who is unable to control his/her environment in a usual manner to do so electronically. Devices which are typically operated via an ECS include: lights, radio, television, and telephone.

TIL's Environmental Control Systems are not intended to provide emergency call or home security functions, or to control kitchen appliances or heating facilities.

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 the 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 immediate 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 ongoing evaluation and education process.

Our program includes 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. We look forward to being of service to you.

Do you have any environmental control devices at present? **Yes ☐** **No ☐**

If yes, please describe:_____

_____

_____

_____

What things do you wish to do or operate from your wheelchair/sitting position? _____

_____

_____

_____

What is stopping you from doing these things?_____

_____

_____

_____

What switch or equipment do you think will help you to meet your wishes?_____

What things do you wish to do or operate from your bed/reclined position? _____

What is stopping you from doing these things?_____

What switch or equipment do you think will help you to meet your wishes?_____

Do you have access to person(s) with technical expertise to assist you with equipment? Y ☐ N ☐

If you are working with a therapist, please include contact information:_____

Facility/Firm:_____

Street Address:_____

City:_____ Postal Code:_____

Phone:_____ (ext)_____ Fax:_____ Email:_____

Please attach most recent report/assessment**.** Date last seen/projected date:_____

Please add any other relevant information:_____

If you have any questions please call us at 604-326-0175

Please submit this form to us by mail, fax or email:

TECHNOLOGY FOR INDEPENDENT LIVING
#103 - 366 East Kent Avenue South
Vancouver, BC V5X 4N6
Fax: 604-326-0176
Email: til@bcits.org
Website: www.bcits.org

We look forward to being of service to you.