

APPLICATION FOR CAPITAL ASSISTANCE



DEMANDE D'AIDE FINANCIÈRE

VEHICLE RETROFIT PROGRAM

PROGRAMME DE VÉHICULES ADAPTÉS

ABILITY NB

CAPACITÉ NOUVEAU-BRUNSWICK

PLEASE TYPE OR PRINT

ÉCRIRE À LA MACHINE OU EN CARACTÈRES D'IMPRIMERIE

<input type="checkbox"/> Individual / Particulier	<input type="checkbox"/> Organization / organisme
	Business (Registration) Number / Numéro d'affaires (enregistrement)

A. PERSON WITH DISABILITY

A. PERSONNE HANDICAPÉE

Name / Nom		
Family Name at Birth / Nom de famille à la naissance		Date of Birth / Date de naissance (mm/dd/yyyy)/(mm/jj/aa)
Address - Postal Code / Adresse - code postal	Medicare Number / Numéro d'assurance-maladie	Vehicle Identification Number (serial no.) / Numéro d'identification du véhicule (n° de série)
Have you received a previous grant under this program? / Avez-vous déjà reçu une subvention dans le cadre de ce programme?		
<input type="checkbox"/> No/Non <input type="checkbox"/> Yes/Oui If Yes when ? / Si oui, quand?		Amount ? / Montant?
Are you receiving funding from any other sources ? / Recevez-vous du financement à partir d'autres sources ?		<input type="checkbox"/> Yes/Oui <input type="checkbox"/> No/Non If Yes, identify source / Si oui, précisez la source
Telephone / Téléphone	Home / Domicile	Work / Bureau

B. APPLICANT (If different from Section A)

B. REQUÉRANT (S'il diffère de la section A)

Name / Nom		
Address - Postal Code / Adresse - code postal		
Telephone / Téléphone	Home / Domicile	Work / Bureau
Relationship to disabled person / Lien avec la personne handicapée :	<input type="checkbox"/> Parent / Parent	<input type="checkbox"/> Guardian / Tuteur Other / autre
Do you authorize the Vehicle Retrofit Coordinator to discuss your application with the Occupational Therapist or Physician identified on this application form ? / Autorisez-vous le coordonnatrice du Programme de véhicules adaptés à discuter de votre demande avec l'ergothérapeute ou le médecin dont le nom apparaît sur le formulaire de demande?		
<input type="checkbox"/> No/Non <input type="checkbox"/> Yes/Oui		
When corresponding, do you wish to be addressed / Langue préférée pour la correspondance :		<input type="checkbox"/> In English / en anglais <input type="checkbox"/> In French / en français

C. DOCUMENTS REQUIRED

Please provide photocopy of:

- 1. Driver's Licence
- 2. Vehicle Registration
- 3. Safety Inspection Form

Attach original cost estimates from two vendors.

C. DOCUMENTATION

Fournir une photocopie de :

- 1. Permis de conduire
- 2. Immatriculation du véhicule
- 3. Formule d'inspection de sécurité

Annexer deux estimations originales de deux vendeurs.

ANSWER QUESTIONS COMPLETELY AND PROVIDE APPROPRIATE ATTACHMENTS. THE COMPLETENESS OF INFORMATION PROVIDED WILL CONTRIBUTE TO EVALUATION OF APPLICATIONS. ATTACH ADDITIONAL SHEETS AS REQUIRED.

TELEPHONE INQUIRIES MAY BE DIRECTED TO (506) 462.9555. TOLL FREE NUMBER: 1.866.462.9555

SUBMIT A COMPLETED ORIGINAL APPLICATION TO: ABILITY NB 440 WILSEY ROAD SUITE 102, FREDERICTON, NB E3B 7G5

AFTER RECEIPT OF YOUR APPLICATION, THE OFFICER RESPONSIBLE FOR THE PROGRAM MAY REQUEST ADDITIONAL INFORMATION.

ALL INFORMATION PROVIDED WILL BE PROTECTED AGAINST UNAUTHORIZED ACCESS.

RÉPONDRE À TOUTES LES QUESTIONS ET FOURNIR LES PIÈCES APPROPRIÉES. L'EXHAUSTIVITÉ DES RENSEIGNEMENTS FOURNIS FACILITERA L'ÉVALUATION DES DEMANDES. ANNEXER AU BESOIN DES FEUILLES SUPPLÉMENTAIRES.

POUR DE PLUS AMPLES RENSEIGNEMENTS, COMPOSER LE (506) 462.9555 NUMÉRO SANS FRAIS : 1.866.462.9555

PRÉSENTER L'ORIGINAL DÛMENT REMPLI AU: CAPACITÉ NOUVEAU-BRUNSWICK 440 CHEMIN WILSEY, SUITE 102, FREDERICTON, (N.-B.) E3B 7G5

APRÈS AVOIR REÇU LA DEMANDE, L'AGENT RESPONSABLE DU PROGRAMME POURRAIT DEMANDER D'AUTRES RENSEIGNEMENTS.

NULLE PERSONNE NON AUTORISÉE N'AURA ACCÈS AUX RENSEIGNEMENTS FOURNIS.

I have read and agree to be bound by the terms and conditions of this program.

J'ai lu les modalités et conditions du programme et j'accepte de m'y conformer.

Signature of Applicant
Signature du requérant _____

Date
Date _____



THIS FORM TO BE SUBMITTED WITH THE VEHICLE RETROFIT APPLICATION FORM BY INDIVIDUALS APPLYING FOR A GRANT. FAILURE TO DO SO WILL RESULT IN A DELAY IN PROCESSING THE APPLICATION.

LA PERSONNE QUI FAIT UNE DEMANDE DE SUBVENTION DOIT ANNEXER LA PRÉSENTE FORMULE À LA DEMANDE AU PROGRAMME DES VÉHICULES ADAPTÉS. AUTREMENT, LE TRAITEMENT DE LA DEMANDE RISQUE D'ÊTRE RETARDÉ.

SIGNATURES REQUIRED:

1. Applicant (disabled person or guardian)
2. Occupational Therapist (or Physician, if Occupational Therapist not available)

SIGNATURES REQUISES :

1. Requérent (personne handicapée ou tuteur)
2. Ergothérapeute (ou médecin s'il n'est pas possible d'obtenir la signature d'un ergothérapeute)

Name of Disabled Person
Nom de la personne handicapée _____

Address
Adresse _____

Postal Code
Code postal

Date _____ Signature of Disabled Person or Guardian
Date _____ Signature de la personne handicapée ou du tuteur _____

PROOF OF DISABILITY
Briefly describe medical condition.

PREUVE DU HANDICAP
Décrivez brièvement l'état physique du requérant.

ACCESSIBLE FEATURES REQUIRED (list).

ÉNUMÉREZ LES AUTRES DISPOSITIFS D'ACCESSIBILITÉ REQUIS.

OCCUPATIONAL THERAPIST OR PHYSICIANS CERTIFICATE

ATTESTATION DE L'ERGOTHÉRAPEUTE OU DU MÉDECIN

I, the undersigned, licensed to practice, affirm that the applicant is known to me to have a disabling condition (described above), that would require the above-noted accessible features on his/her vehicle to enable the applicant to operate a vehicle as a driver or enable the applicant to be a passenger in a vehicle.

Je soussigné, autorisé à exercer ma profession, affirme que le demandeur susmentionné a le handicap invalidant décrit ci-dessus. Pour pouvoir conduire un véhicule ou l'occuper comme passager, le demandeur doit posséder un véhicule équipé des autres dispositifs d'accessibilité énumérés ci-dessus.

Date / Date Telephone / Téléphone	Name (PRINT) / Nom (CARACTÈRES D'IMPRIMERIE) O.T. M.D.	Signature / Signature X O.T. M.D.
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ABILITY NB VEHICLE RETROFIT PROGRAM

DESCRIPTION

The Ability NB's Vehicle Retrofit Program is designed for access to transportation to increase the mobility of persons with a disability that are residents within the province by financially assisting in the retrofitting of vehicles.

Some examples of features eligible for assistance under the program include the following:

- Wheelchair/scooter lifts and ramps
- roof, floor and door alterations (if part of an accessibility retrofit)
- special needs seating
- hand controls
- wheelchair tie down and occupant restraint system

Funding may also be provided towards the cost of eligible accessible features included on new vehicles.

Not included in the program are non accessibility features that can be purchased as standard options on vehicles directly from the manufacturer. Examples of such features are as follows:

- air conditioner
- insulation
- automatic transmission
- cruise control

AVAILABLE GRANT

80% of the cost of eligible accessibility features for a new or existing vehicle to a maximum total grant of \$8,000.00. Taxes are the responsibility of the applicant. Sales tax on some accessibility features may be rebated by the Department of Finance, Province of New Brunswick. Renewable every 8 years for individuals, 5 years for organizations.

Note: The grant must be used within 6 months from the date on the letter of approval. It is the responsibility of the applicant to request an additional 6 month extension if required otherwise, the grant will expire and a new application will be required.

ELIGIBILITY

- (a) Individual Residents of New Brunswick
- (b) Registered Non-Profit Organizations
- (c) Municipalities of New Brunswick
- (d) Private companies providing transportation service to disabled persons within New Brunswick
- (e) Must be primary personal use vehicle

TERMS AND CONDITIONS

1. Ability NB will review applications and recommend eligible projects to the Minister for final approval. Projects will be measured according to the conformity with Program eligibility criteria as well as the Terms and Conditions.
2. Ability NB may consider more than one application per applicant; however, when a total of \$8,000.00 in assistance has been approved for an individual there will be no further funding until the 8 year period has expired.

3. To be eligible for a grant the vehicle must have a valid Safety Inspection Sticker. Ability NB may require an inspection prior to approval of a grant.
4. Proof of vehicle registration must be provided with the application.
5. The funds from this program may not be used for the purchase of a non-accessible vehicle or for the purchase of second-hand equipment. Eligible accessibility features on a new vehicle may be funded.
6. Individuals applying for a grant shall provide with their application a list of accessibility features as recommended by an occupational therapist. or in the case that an occupational therapist is not available, a physician. The application must bear the signature of either the occupational therapist or the physician.
7. Applicants shall provide two quotations from suppliers, illustrating cost estimates to supply and install the accessibility features. The contribution from Ability NB will be based on the amount of the lowest acceptable quote. Should the applicant want to obtain the services of a company with a higher quote, the difference in price shall be the sole responsibility of the applicant.
8. **This program is not retroactive.** No financial commitments should be made by the applicant in anticipation of approval. Accessibility features to be cost shared must have prior approval of Ability NB before any work is carried out on the vehicle.
9. Ability NB will not provide funding for maintenance and repair of equipment. It shall be the responsibility of the applicant to keep funded equipment in good and safe repair.
10. (a) Ability NB shall forward the total amount of the grant upon submission of an invoice and proof of work completed.

(b) The contribution cheque may be made payable to either the supplier or the applicant.

(c) Accessibility equipment must be installed according to manufacturer's installation instructions and meet CSA (Canadian Standards Association) Standards or SAE (Society of Automotive Engineers) Standards. Hand controls must meet Standard CAN/CSA-Z323.1.2-94 (R2003) Automotive Adaptive Driver Controls (AADC) for Persons with Physical Disabilities.
11. Registered non-profit organizations, municipal transit services or private companies applying for a grant should be able to show that they are, or will be licensed to operate a transportation service for disabled persons in their locality. The applicant shall demonstrate a serious commitment to keeping the accessible transportation service in operation in the long term, once it has been established. Ability NB reserves the right to obtain information from an organization, municipality, or private company on the use of the accessible vehicle.
12. Ability NB does not accept responsibility for work done by the supplier.

SUPPLIERS OF ADAPTIVE EQUIPMENT FOR VEHICLES

This list is provided as a guide and is not an endorsement of those suppliers identified. It is recommended that you consult a qualified professional (ie: an Occupational Therapist) in your region to assist in selecting the most appropriate equipment for your needs.

ZONE 1: Moncton, N.B.	Products
Malley Industries www.malleyindustries.com 1100 Aviation Ave., Dieppe, New Brunswick, E1A 9A3 Ph: (506) 859-8591 Toll Free: 1-877-859-8591 NMEDA QAP	Van Conversions (lowered floors, raised roofs) Wheelchair lifts (Bruno, Ricon, Braun, VMI) Q'Straint, Sure-Lok, E-Z Lock EMC, Left Foot Gas Pedals Hand Controls (SureGrip, MPD, WellsEngberg) Menox, DriveMaster, Access Unlimited
Harding Medical www.hardingmedical.com 24 Elmwood Drive Moncton, N.B., E1A 3W6 Ph: (506)855-5200 Toll free: 1-800-479-4700	Portable Ramps, Ricon and Braun Lifts Sure Grip Hand Controls, Sure Foot Pedals Bruno Lifts, Bruno Turny Seats Q'straint, E-Z Lock, E-Z On Vest Meyland Lift, Braun Companion Seat
Lawtons Home Health Care Mountain Road Moncton, NB Ph: (506)961-5774 Toll Free: 1-866-990-1599 Moncton, Shediac : Kevin White 506-875-4261	Lowered floor minivans (Van-Action, Viewpoint Mobility) Bruno, Pride Mobility, Adapt Solutions, Howell Ventures Dalhousie, Bathurst, Campbellton, Tracadie-Sheila, Amherst, NS : Scott Roper 506-961-5774
ZONE 2: Saint John, N.B.	Products
MEDIchair/AML www.medichair.com 381 Somerset Street Saint John, N.B., E2K 2Y5 Ph: (506) 634-7488 Toll free: 1-800-663-7488 Contact: Randy McLaughlin	Braun-Chair Topper Bruno Lifts Sure Grip Hand Controls Wells Engberg Hand Controls Vantage Mobility Inc (VMI) vans
Harding Medical www.hardingmedical.com/ Harding Medical Supplies 12 Bayside Drive Saint John, NB E2J 1A2 506-633-5097	Portable Ramps, Ricon and Braun Lifts Sure Grip Hand Controls, Sure Foot Pedals Bruno Lifts, Bruno Turny Seats Q'straint, E-Z Lock. E-Z On Vest Meyland Lift Braun Companion Seat
Lawtons Home Health Care Catherwood Drive St. John, NB Ph: (506)657-8547	Lowered floor minivans (Van-Action, Viewpoint Mobility) Bruno, Pride Mobility, Adapt Solutions, Howell Ventures

ZONE 3: Fredericton, N.B.	Products
Howell Ventures Ltd. www.suregrip-hvl.com 4850 Route 102 Upper Kingsclear, N.B., E3E 1P8 Ph: (506)363-5289 Toll Free: 1-888-370-5050 Contact: Keith Howell or Russ Newton	Sure Grip Hand Controls Sure Foot Gas Pedal Spin Master Sure Switch Arlow Spinner Knob
MEDIChair/AML www.medicchair.com 180 Hodgson Road Fredericton, N.B. E3C 2G4 Ph: 506 459-4449 Toll Free: 1-877-459-4449	Bruno Lifts Braun Chairtopper Sure Grip Hand Controls Vantage Mobility Inc. (VMI) Vans
Lawtons Home Health Care 800 Mountain Road Moncton (N.-B.) E1C 2R4 Tél. 506 855-1874 Toll free: 1-866-990-1599 Fredericton, Sussex, Woodstock, Perth : Brad Coughlin 506-292-3819 Dalhousie, Bathurst, Campbellton, Tracadie-Sheila, Amherst, NS : Scott Roper 506-961-5774	Lowered floor minivans (Van-Action, Viewpoint Mobility, Liberty) Bruno, Pride Mobility, Adapt Solutions, Howell Ventures
QUEBEC	Products
Savaria 4870 Courval St. Laurent, Q.C. H4T 1L1 Ph: 514 342-5000 Toll Free: 1-800-668-8705	Activan lowered floor minivan Braun and Ricon wheelchair lifts Hand Controls (MPD, MPS Monarch) Q'straints, E-Z Lock Bruno Lifts, Power Seats
Centre de l'auto St. Lambert www.adapt-solutions.net 1255, rue du Pont St. Lambert-de-Lauzon, QC G0S 2W0 Tel: 418-889-0419 http://pages.infinit.net/centauto/adaptation.htm	Excel Base; Excel Lift; Speedy Lift Steering and Custom Modifications Power Seats Electronic Controls
Eureka Solutions www.eurekasolution.com Sherbrooke, Montreal Blainville 2829 King West Sherbrook, Quebec J1L 1C6 Tel: 819-562-2555 Toll free: 1-866-562-2555	Braun, Bruno Sure Grip, Menox Access Unlimited Sure-Lock, E-Z lock Portable Ramps Vision