



AMYOTROPHIC LATERAL SCLEROSIS  
SOCIETY OF BRITISH COLUMBIA

Date:

## **ALS Repair Request Form**

Client Name:	Client Phone Number:
Address:	
Requesting Therapist name:	Therapist Phone Number:
Therapist Email:	

**Please note that the following are examples of repair requests that are not eligible for repair:**

1. Damages caused by client or third-party damage are not covered (i.e.: wheelchair hit by car; item damaged by airline). For those items, the clients/other funder (ICBC) must cover the repair
2. Clients are to maintain air pressure in tires if possible. If this is a hardship for you please contact equipment loan manager at Email: [equipmentloan@alsbc.ca](mailto:equipmentloan@alsbc.ca) or Call: 1-800-708-3228 Ext. 223
3. Damage caused by misuse (i.e. item left out in rain and power joystick is damaged)
4. Lost items are not covered (i.e. missing legrests)
5. Damage caused by fire or floods should be claimed on homeowner's insurance

<b>IR Number of Equipment:</b>
<b>Description of equipment (brand name, model, size, serial #, approximate age of equipment)</b>
<b>Please describe how equipment became broken:</b>
<b>Describe issue with equipment:</b>