TECHNOLOGY FOR INDEPENDENT LIVING (TIL) - DOOR OPENER APPLICATION

To be eligible for installation of a TIL Door Opener, the applicant must be a current member of TIL or this application must accompany an application for TIL services.

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Applicant is:	Member of TIL (receives TIL services)	New to TIL (has applied to TIL)			
MEMBER INFORMATION	<u>ON</u>				
Name of Applicant (member):		Date of Birth (DD/MM/YYYY):			
MEMBERS CURRENT	RESIDENCE				
Facility Name (if appl	_				
Street Address:		City:		Postal Code:	
Home Phone:	Cell Phone:		Email:		
MEMBERS HOME ADD	PRESS: LOCATION OF DOOR (if different t	:han above)			
Street Address:	,	City:		Postal Code:	
MEDICAL INFORMATION	ON AND COVERAGE				
Referring Therapist:			rganization:		
Therapist Phone:		Therapist	-		
Street Address:		City:		Postal Code:	
Does applicant have	ICBC/WCB Coverage?		WCB	NONE	
Before appl		-	BC/WCB for doo	or opener funding.	
Gross Family Income (as recorded on your last tax return):			Cash Savings in Bank:		
Can you, or your family, contribute towards the cost of the door opener			YES	NO	
NEEDS/ABILITIES ASS	SESSMENT				
Following your applic	cation, a TIL representative may ask to se door to assist with assessment. We may				
	provide such videos/pictures if asked?		YES	NO	
How do you currently enter and exit the door in question?					
Where, in your home, is the door in question located? (front door, back door, suite door, garage, etc)					
What is your living sit	uation? (alone, with family, in an apartn	nent, in a hou	use, in a facility	, etc)	
What alternatives to	an automatic door opener have you con	sidered? (sm	art door lock, r	nodified door handle, etc)	

^{*}If you are deemed ineligible for a TIL door opener, a TIL representative will be in contact to assist you in finding an alternative solution to your door opener challenges.

APPLICATION SUBMITTED BY (only needs to be submitted by one of the following options):

Applicant By entering my email address, and submitting this application using the same email

address, I agree with all conditions outlined below.

EMAIL ADDRESS:

Referring Therapist By entering my email address, and submitting this application using the same email address, I confirm that I have discussed with the applicant all conditions outlined below,

and the applicant has agreed with all conditions outlined below.

EMAIL ADDRESS:

APPLICATION CONDITIONS

- I understand that, due to the complexities of having a door opener installed, along with required consent forms, there may be a delay in getting a door opener installed. A TIL representative will assist me in gathering all required information, but should my information change during the application process, I must immediately notify Technology For Living of the changes that affect my application.
- I understand that only **one** door opener will be provided to me as part of the TIL Door Opener program.
- I understand that if I should move residences, I will need to pay to have the door opener removed and installed in my new residence. (before applying, TIL recommends you reside in a home you foresee yourself living in for many years, as door opener moves can be expensive).
- I understand that, after the <u>one</u> year warranty period, I am responsible for all door opener repair costs moving forward. (TIL does not cover costs associated with the repair of door openers) Also, I understand that warranty does not cover damage associated with neglect of the door opener...these costs would need to be covered by myself.
- I understand that if I rent, lease, own a strata lot, or live in a facility, I must receive written approval from the building manager or strata council prior to door opener installation. (A TIL representative will guide you through the information required from building managers and strata councils.)
- I consent to TIL sharing my contact information (name, telephone number, email and address) with the company that may be installing an automatic door and with an electrician who may be performing the electrical work to power the door. I agree to proceed prior to installation and to be contacted in association with this project when required.
- I agree, after installation of the door opener (if approved), to provide TIL with a quote regarding the affect the automatic door opener has on my independence within my home. (pictures greatly appreciated)

APPLICATION SUBMISSIONAND NEXT STEPS

Upon completion of this application addendum, please submit, email, fax, or mail to:

TECHNOLOGY FOR LIVING #103 - 366 East Kent Ave South Vancouver, BC V5X 4N6

Fax: 604-326-0176

Email: til@technologyforliving.org

After submitting your application for a TIL Door Opener, a TIL representative will be in contact with the applicant to guide them through the steps required (ie: consent forms, pictures/videos, etc) as part of the TIL Door Opener process.

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