

Guidelines for the FREE Sling Program

Easter Seals Ontario and Prism Medical are pleased to provide a FREE sling program for clients who use Prism lifts. Prism Medical wants to continue to support Easter Seals clients who have purchased their products and make sure that these clients are receiving Prism replacement slings when needed as they are not funded by Easter Seals Ontario.

To be eligible for the FREE sling program, the applicant must be registered with Easter Seals Ontario and must be purchasing a Prism Lift or have one in the home:

- **Purchased a Prism Medical lift and sling through one of the vendors in Ontario. You will receive a free secondary sling.**

OR

- **Have a Prism Lift and require a new sling for reasons of growth.**

Complete the attached application and have it signed by the prescribing therapist. When the request is approved the sling will be shipped directly from Prism Medical to the client's address on this application form. The slings that are available are the standard Prism Slings, no customizations are eligible.

If you have any questions about the application or the process, please do not hesitate to contact the Financial Assistance Program toll free at 1-866-630-3336. If you live in the Greater Toronto Area, please call (416) 421-8146. Visit our website at www.easterseals.org for more information.

If you have questions about sling sizing or selection, please do not hesitate to contact Prism Medical directly at (416) 260-2145 for customer service.

Sling Application Form

Parent Name: _____ **Date of Request:** _____
Last Name, First Name Month, Day, Year

Address: _____

City: _____ **Postal Code:** _____

Telephone Numbers: Home: () _____ Work: () _____

Parent E-mail Address: _____

Child's Name: _____ **Date of Birth:** _____
Last Name, First Name Month, Day, Year

Diagnosis: _____

Have you received Easter Seals' funding previously? Yes No

For Statistical Purposes Only: Please indicate your total household income:

\$0 - \$20,000 \$20,001 - \$40,000 \$40,001 - \$60,000 \$60,001 - \$80,000 \$80,001 - \$100,000

\$100,001 - \$120,000 \$120,001 - \$140,000 \$140,001 - \$160,000 \$160,001 - \$180,000 \$180,001 - over

I instruct and authorize Easter Seals Ontario to provide and release any information to Prism Medical after Easter Seals Ontario has approved this application.

I will indemnify and save harmless Easter Seals Ontario its employees from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor. Easter Seals Ontario acts as a third party funder and as such has no role in prescribing, recommending equipment, or in the relationship between the parent and vendor.

Parent Signature: _____ **Date:** _____

Please return the completed form to: **Financial Assistance Program**

Mail: Easter Seals Ontario, One Concorde Gate, Suite 700 Toronto, Ontario M3C 3N6

E-mail: services@easterseals.org

Fax: (416) 696-1035

Prescribing Therapist to Complete
Sling Order Form

Please provide the serial number of the Prism lift that the family has # _____

- New Sling required due to growth **or**
- Purchased a Prism Medical Lift and this is a free Secondary Sling

Sling Style (Universal, Hammock, Comfort Recline, Hygiene, Dual Access or Deluxe):

Specific Considerations:

- Head Support
- Hygiene Quilted Sling (please select)
- Velcro
- Buckle

Sling Size (All slings are weight tested to 800LBS. Consider height for sizing first):

Size	Height	Weight
Junior	< 4'	<110 lbs
Small	4'-5'6"	95 lbs-150 lbs
Medium	5'-6'	125 lbs-250 lbs
Large	6'-7'	250 lbs-400 lbs

Sling Fabric (mesh, polyester, quilted, spacer or slip fit):

Only standard Prism Slings are available under the Free Sling Program. If Customizations are needed for a sling they are not eligible. Family MUST own a Prism Lift to be eligible for a replacement sling or free Secondary Sling. If family does not own a Prism Lift they are not eligible for this program.

Client's Name: _____	
Last Name,	First Name
Therapist Name: _____	
Last Name,	First Name
Therapist Company: _____	
Therapist Contact Information: () _____	
Phone Number	Email
Therapist Signature: _____ Date: _____	

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