

APPLICATION FOR CAPITAL ASSISTANCE



DEMANDE D'AIDE FINANCIÈRE

VEHICLE RETROFIT PROGRAM
DEPARTMENT OF TRANSPORTATION

PROGRAMME DE VÉHICULES ADAPTÉS
MINISTÈRE DES TRANSPORTS

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 / Adresse Postal Code / 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 / Adresse		Postal Code / 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

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
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C. DOCUMENTS REQUIRED

Please provide photocopy of:

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

Attach original cost estimates from two vendors.

C. DOCUMENTATION

Fournir une photocopie de :

- 1. Permis de conduire
- 2. Certificat d'assurance automobile
- 3. Immatriculation du véhicule
- 4. 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) 453-5818.

SUBMIT A COMPLETED ORIGINAL APPLICATION TO: DEPARTMENT OF TRANSPORTATION, STRATEGIC DEVELOPMENT AND INTERGOVERNMENTAL RELATIONS, ROOM 503, KING TOWER, KING'S PLACE, P. O. BOX 6000, FREDERICTON, NB E3B 5H1

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

ALL INFORMATION PROVIDED WILL BE PROTECTED AGAINST UNAUTHORIZED ACCESS.

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

Signature of Applicant _____
Signature du requérant _____

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 506 453-5818.

PRÉSENTER L'ORIGINAL D'UMENT REMPLI AU : MINISTÈRE DES TRANSPORTS, DÉVELOPPEMENT STRATÉGIQUE ET RELATIONS INTERGOUVERNEMENTALES, BUREAU 503, TOUR KING, PLACE KING, CASE POSTALE 6000, FREDERICTON (N.-B.) E3B 5H1

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.

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

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. Requéant (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 / Date _____ Signature of Disabled Person or Guardian / 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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PROVINCE OF NEW BRUNSWICK VEHICLE RETROFIT PROGRAM

DESCRIPTION

The New Brunswick Department of Transportation's Vehicle Retrofit Program is designed to increase the mobility of disabled persons resident within the province by financially assisting in the retrofitting of personal use vehicles with features of accessibility.

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

- wheelchair lifts and ramps
- scooter lifts
- roof, floor and door alterations (if part of an accessibility retrofit)
- special needs seating
- hand controls
- restraint tie downs
- chair topper wheelchair carriers

Funding will 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 dealer. Examples of such features are as follows:

- air conditioner
- insulation
- automatic transmission
- cruise control

AVAILABLE GRANT

80% of the first \$5,625.00 plus 50% of the next \$7,000.00 towards 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 10 years for individuals, 5 years for organizations.

Note: The grant must be used within 12 months from the date on the letter of approval. 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

TERMS AND CONDITIONS

1. The New Brunswick Department of Transportation 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. The Department may consider more than one application per applicant; however, when a total of \$4,500.00 in assistance has been approved for an individual, additional funding will be cost shared at 50% to a maximum total grant of \$8,000.00.

3. To be eligible for a grant the vehicle must have a valid Safety Inspection Sticker. The Department of Transportation may require an inspection prior to approval of a grant.
4. Proof of vehicle registration and vehicle insurance 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. Previously funded equipment, which is still owned by the applicant and is in good repair will be eligible for funding of re-installation costs.
7. 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.
8. Applicants shall provide two or more quotations from suppliers, illustrating cost estimates to supply and install the accessibility features. The contribution from the Department of Transportation 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.
9. 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 the Department of Transportation before any work is carried out on the vehicle.
10. The Department of Transportation will not provide funding for operating and maintenance costs.
11. The New Brunswick Department of Transportation shall forward the total amount of the grant upon submission of an invoice and proof of work completed. The contribution cheque may be made payable jointly to the applicant and to the supplier. Accessibility equipment must be installed according to manufacturers 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.
12. 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.
13. It shall be the responsibility of the applicant to keep funded equipment in good and safe repair.
14. The Department of Transportation reserves the right to obtain information from an organization, municipality, or private company on the use of the accessible vehicle.
15. All accessible vehicles may be subject to a random audit or review by the Department of Transportation.
16. The Department of Transportation does not accept responsibility for work done by the supplier.

SUPPLIERS OF ADAPTIVE EQUIPMENT FOR DRIVING

Note: This list, as provided by the Stan Cassidy Centre for Rehabilitation, identifies for your convenience those suppliers of vehicle retrofit and accessible equipment as of March 2006. **It 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.

REGION 1: Moncton, N.B.	Distributes
Malley Industries www.malleyindustries.com 561 Ferdinand Blvd Dieppe, New Brunswick, E1A 7G1 Ph: (506) 859-8591 Toll Free: 1-877-859-8591 Fax: (506)857-1745 Contact: Terry Malley	Van Conversions (lowered floors, raised roofs) Wheelchair lifts (Bruno, Ricon, Braun, VMI) Q'Strait, 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 1-800-479-4700 Fax: (506) 855-5113	Portable Ramps, Ricon and Braun Lifts Sure Grip Hand Controls, Sure Foot Pedals Bruno Lifts, Bruno Turny Seats Q'strait, E-Z Lock Meyland Lift, Braun Companion Seat
Atlantic Coach 2525 Route 132 Greater Lakeburn, N.B. E1H 1Z6 Ph: (506) 857-1808 Fax: (506) 857-1807 Contact: Laurie Dutcher	Braun and Ricon Platform Lifts Bruno Wheelchair Lifts, SuperArm Lift Magic Wagon lowered floor, rear entry Hand Controls, Power seats Q'strait, Sure-Lok, Raised roofs and doorways
Maritime Orthopedic Co. 274 Halifax Street Moncton, N.B., E1C 9S3 Ph: (506)857-3014 Toll Free: 1-888-448-2330 Fax # (506) 853-4121	Hand Controls (SureGrip, Automobility) Portable Ramps Bruno Lifts Steering Knobs Q'strait
REGION 2: Saint John, N.B.	Distributes
Debway www.debwaytruckbodies.ca/ P.O. Box 2593, McIlveen Drive McAllister Industrial Park Saint John, N.B. E2L 4S8 Ph: (506) 657-5666 Fax: (506) 657-5558 Contact: Wayne Little	Wheelchair Lifts (Ricon, Braun) Bruno Lifts Sure-Grip Hand Controls Q'strait Sure-Lok
MEDIchair/AML www.medichair.com 381 Somerset Street Saint John, N.B., E2K 2Y5 Ph: (506) 634-7488 or 1-800-663-7488 Fax: (506) 634-7404 Contact: Randy McLaughlin	Braun-Car Topper Bruno Lifts Sure Grip Hand Controls Wells Engberg Hand Controls Install items but do not raise roofs or lower floors
Harding Medical www.hardingmedical.com/ Harding Medical Supplies 12 Bayside Drive Saint John, NB E2J 1A2 506-633-5097 Fax 506-633-7278	Portable Ramps, Ricon and Braun Lifts Sure Grip Hand Controls, Sure Foot Pedals Bruno Lifts, Bruno Turny Seats Q'strait, E-Z Lock Meyland Lift Braun Companion Seat

REGION 3: Fredericton, N.B.	Distributes
A.R. Menzies & Sons Ltd. www.menzies.ca 33 Rookwood Ave. Fredericton, N.B. E3B 2L8 Ph: (506) 458-8988 Fax: (506) 453-0638 Menzies1@nbnet.nb.ca	Spin Master Steering Knobs
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 Fax: (506) 363-2391 Toll Free: 1-888-506-6666 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 20-1168 Smyth Street Fredericton, N.B. E3B 3H5 Ph: (506) 459-4449 Fax: (506) 452-7449 Toll Free: 1-877-459-4449	Bruno Lifts Braun Chairtopper Sure Grip Hand Controls
REGION 4: Edmundston, N.B.	Distributes
Les Systemes de Mobilité Atlas Mobility Systems Samuel Belanger C.P. 612 St. Anne de Madawaska, N.B. E7E 1A3 (506)445-3026 (phone and fax)	Ricon Products Raised Roofs and Doors Sure Grip Hand Controls Steering knobs
ONTARIO	Distributes
Viewpoint Mobility Canada http://www.wheelchairvans.ca/ 3190 Ridgeway Drive, Unit 8 Mississauga, Ont. L5L 5S8 Ph: 1-800-561-9600 Fax: (905) 828-4112 Contact: Tony Colendebander or Ernie Gill	Vision Van (formerly Freedom Van)
Liberty Motors www.libertymotorco.com 2390 South Service Road, W Oakville, ON L6L 5M9 Tel: 1-888-578-8886	Lowered floor rear entry minivans Lowered floor side entry minivans
QUEBEC	Distributes
Van-Action www.van-action.com 4870 Courval St. Laurent, Q.C. H4T 1L1 Ph: (514) 342-5000 Toll Free: 1-800-668-8705 Fax: (514) 342-2600 Toll Free: 1-800-361-1725	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 Fax 418-889-9838 http://pages.infinit.net/centauto/adaptation.htm	ExcelBase ExcelLift SpeedyLift Steering and Custom Modifications Power Seats Electronic Controls