

PLEASE PRINT - Incomplete or illegible order forms will be returned

## Client Identification

Name:

Parent/Guardian:

Address:

City/Town:

Phone Number:

Postal Code:

HSN:

Date of Birth:

(day/month/year)

## Requisitioner Identification

Name:

Designation:

Address:

City/Town:

Phone Number:

Postal Code:

Email:

Signature:

Date:

## Funding Information

- Saskatchewan Aids to Independent Living (SAIL)  
 Other: \_\_\_\_\_  
 (Please attach purchase order or authorization document)

## Shipping Information

Equipment is to be shipped to:

- Client home address above  
 Requisitioner address above  
 Will be picked up at a Special Needs Equipment depot:
- Prince Albert
  - Regina
  - Saskatoon
  - Swift Current
  - Yorkton
- Other (please specify): \_\_\_\_\_

Equipment Order			
<b>Height Adjustable Chair</b>			
<input type="checkbox"/> <b>Small</b> <ul style="list-style-type: none"> <li>• 10" seat width</li> <li>• 11.5" seat depth</li> <li>• 7"-10.5" seat height adjustment</li> </ul>	<input type="checkbox"/> <b>Medium</b> <ul style="list-style-type: none"> <li>• 11" seat width</li> <li>• 12.5" seat depth</li> <li>• 8"-11.5" seat height adjustment</li> </ul>	<input type="checkbox"/> <b>Large</b> <ul style="list-style-type: none"> <li>• 12" seat width</li> <li>• 13.5" seat depth</li> <li>• 9"-12.5" seat height adjustment</li> </ul>	
<b>Note:</b> All chair sizes have up to 4" seat depth adjustability.			
<b>Chair Accessories</b>			
<b>Seat Pad (select one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1" seat pad</li> <li><input type="checkbox"/> 2" seat pad</li> <li><input type="checkbox"/> 1" wedge seat pad</li> <li><input type="checkbox"/> 2" wedge seat pad</li> <li><input type="checkbox"/> No seat pad</li> </ul>	<b>Back Pad (select one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1" back pad</li> <li><input type="checkbox"/> 2" back pad</li> <li><input type="checkbox"/> 1" angled back pad</li> <li><input type="checkbox"/> 2" angled back pad</li> <li><input type="checkbox"/> No back pad</li> </ul>	<b>Side Pads (select one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1" side pads</li> <li><input type="checkbox"/> 2" side pads</li> <li><input type="checkbox"/> No side pads</li> </ul>	<b>Optional</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lap Belt</li> <li><input type="checkbox"/> Footrest</li> <li><input type="checkbox"/> Anti-tippers</li> </ul> <p><i>Note: Other accessories are available through Adaptive Seating. Please follow standard processes for requisitioning Adaptive Seating products.</i></p>
<b>Height Adjustable Table</b>			
<input type="checkbox"/> <b>Small</b> <ul style="list-style-type: none"> <li>• 22"x 28" table top with 10"x5" cut out</li> <li>• 13"-18.5" height adjustment to table top</li> </ul>	<input type="checkbox"/> <b>Large</b> <ul style="list-style-type: none"> <li>• 24"x 30" table top with 11"x5" cut out</li> <li>• 14"-24" height adjustment to table top</li> </ul>	<input type="checkbox"/> <b>Optional</b> <ul style="list-style-type: none"> <li>• Book box (6"x6"x10" – attaches to side of table)</li> </ul>	
<b>Therapy Bench</b>			
<input type="checkbox"/> <b>Small</b> <ul style="list-style-type: none"> <li>• 10.5" x 26" padded seat</li> <li>• 8.5"-11.5" height adjustment</li> </ul>	<input type="checkbox"/> <b>Medium</b> <ul style="list-style-type: none"> <li>• 14" x 30" padded seat</li> <li>• 13"-21" height adjustment</li> </ul>		

Forms can be submitted to any Special Needs Equipment location or can be mailed to:  
**SaskAbilities**  
**2310 Louise Avenue Saskatoon, SK S7J 2C7**  
**Phone: 306-374-4448 Fax: 306-373-2665**  
**Email: woodenequipment@saskabilities.ca**

Equipment funded by SAIL is provided on a loan basis. When no longer required, equipment must be returned to any Special Needs Equipment depot in Saskatchewan.

<i>For Office Use Only</i>		<b>Requisition Number:</b>
<b>Date Shipped/Picked Up:</b>		<b>Shipping Method:</b> <input type="checkbox"/> Courier <input type="checkbox"/> Pick Up <input type="checkbox"/> Other
<b>Completed by:</b>		
<b>Chair ID:</b>	<b>Table ID:</b>	<b>Bench ID:</b>