SaskTel Special Needs Application

Instructions:

1. Please print.
2. Have medical professional describe the disability and sign form.
3. Send completed form to:

SaskTel – CS Admin
1503 Fletcher Road
Saskatoon, SK S7M 5S5

or Fax: 306-683-0195

or Email: crcsales.admin@sasktel.com

Completed by Applicant

Name of Applicant _____ Dat _____ (yyyymmdd)

Address _____ City/Town _____ Postal Code _____

Health Services card number _____

Name of billed Customer _____ Telephone number _____

Cellular number _____

Name of Contact _____ Telephone number _____

Please check the service/equipment requested and have diagnosis completed by the appropriate person. (The Applicant is responsible for any charges related to the diagnosis.)

SIGHT	MOTION	HEARING	SPEECH
Doctor / CNIB Representative	Occupational Therapist / Doctor	Doctor / Audiologist	Doctor / Speech Therapist
Speed call ☐ 8 or ☐ 30 Directory assistance Exemption ☐ Landline Telephone ☐ Cellular Telephone	Speed call ☐ 8 or ☐ 30 Directory assistance Exemption ☐ Landline Telephone ☐ Cellular Telephone	☐ Telewriter (TTY) ☐ 50% toll discount (TTY user only) ☐ Signaling Unit (TTY user only)	☐ Telewriter (TTY) ☐ 50% toll discount ☐ Artificial larynx

Signature of billed Customer _____

Completed by: ☐ **Speech Pathologist** ☐ **Audiologist** ☐ **Doctor** ☐ **Occupational Therapist** ☐ **CNIB Representative**

Type and degree of disability (be specific) _____

I hereby certify that the applicant has the disability described which would prevent them from using a standard telephone, using the telephone directory, or recording a number for future use.

Speech Pathologist, Audiologist, Doctor, Occupational Therapist, CNIB Representative _____ signature

Date _____ (yyyymmdd) Telephone number _____ Name _____ (print)

Completed by SaskTel

Service/equipment _____

SO number SO due date (yyyymmdd) SR name SR initials