

SaskTel Accessibility Services Application

Instructions:

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

SaskTel – CS Admin	or Fax: 306-683-0195
446 2 nd Avenue North	
Saskatoon, SK S7N 1Y7	or E-mail: crcsales.admin@sasktel.com

Completed by Applicant

Name of Applicant _____ Date _____ (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 <input type="checkbox"/> 8 or <input type="checkbox"/> 30	Speed call <input type="checkbox"/> 8 or <input type="checkbox"/> 30	<input type="checkbox"/> Telewriter (TTY) <input type="checkbox"/> 50% toll discount (TTY user only) <input type="checkbox"/> Signaling Unit (TTY user only)	<input type="checkbox"/> Telewriter (TTY) <input type="checkbox"/> 50% toll discount <input type="checkbox"/> Artificial larynx
Directory assistance Exemption <input type="checkbox"/> Landline Telephone <input type="checkbox"/> Cellular Telephone	Directory assistance Exemption <input type="checkbox"/> Landline Telephone <input type="checkbox"/> Cellular Telephone		

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 _____ Telephone number _____ Name _____ (print)

Completed by SaskTel

Service/equipment _____

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