Mobility Scooter Program



Mobility Scooter Funding Support Program

This program provides **funding assistance of up to \$5,000** toward the purchase of a mobility scooter for eligible individuals.

Eligibility Requirements:

- WeWaikai Registered Members only.
- Must have a long-term **life-changing illness** or long-term **significant mobility. impairment** that affects daily living, that requires a mobility scooter to complete daily living tasks.
- Must submit a **doctor's note or medical documentation** confirming the condition and the medical need for a mobility scooter.
- Must complete and submit the **program application form for approval**.

Funding Details:

- **Maximum funding amount:** up to \$5,000*.
- Funding is available once every five (5) years.
- Funds may be used **only toward the purchase** of a mobility scooter; accessories and all other upgrades may not be included in program coverage.
- Repairs, replacement parts, and future upgrades are not covered.
- Lost or stolen scooters will not be covered for replacement through this program until the funding 5 year cycle ends.
- *Funding Disclosure: Funds are provided by own source and government funding programs, that may change and are not guaranteed. Funding is at the discretion of the WeWaikai Nation.

Payment Process:

Funding will be issued **either directly to the chosen vendor** or **reimbursed to the applicant** upon submission of valid proof of purchase. All purchases must receive **prior approval** from the program to qualify for reimbursement.

Liability Disclaimer:

- O Use of the mobility scooter is at the user's own risk.
- o All liability rests solely with the user.
- The program and its administrators assume **no responsibility** for injuries, accidents, damages, or losses resulting from the use of the mobility scooter.

Completed Applications:

All completed applications must be submitted to the Director Community Services

Email: Communityservices@wewaikai.com

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Mobility Scooter Funding Support Program

Application Form	
Section 1: Applicant Information	
• Full Name:	
Date of Birth (DD/MM/YYYY):	
Phone Number:	
• Email Address:	
Residential Address:	
Band Registration Number:	
Section 2: Medical Information	
• Primary Medical Condition or Diagnosis:	
How does this condition affect your mobility?	
Do you currently use a mobility aid (e.g., cane, walker, wheelchair	r)?
□ Yes □ No	
 Attach a doctor's note or medical letter confirming: 	
 Diagnosis or condition 	
 The impact on your mobility 	
 Recommendation for a mobility scooter 	WALKAI MAZA
Section 3: Scooter Details	



• Preferred Vendor (if known): ______ Approved by Chief and Council on August 18, 2025 Effective Date August 18, 2025

• Estimated Cost of Scooter: \$	
Have you already purchased the scooter?	_
□ Yes □ No	
If yes, please attach a copy of the receipt or invoice.	
Section 4: Funding Request	
• Total amount of funding requested (up to \$5,000): \$	
 How would you like the funding to be issued? 	
☐ Paid directly to vendor ☐ Reimbursement to applicant	
Section 5: Declaration and Acknowledgment	
By signing below, I confirm that the information provided is true and that:	complete. I understand
 This program provides one-time funding assistance up to \$5,0 Repairs, replacement parts, and future upgrades are not covered 	•
 Repairs, replacement parts, and future upgrades are not covered. All liability related to the use of the scooter is solely my response. 	
 Funding will be subject to approval and availability. 	noromey.
Signature: Name (please print):	
Date:	
Checklist of Required Documents:	

- o Completed application form
- o Doctor's note or medical letter
- o Invoice or receipt (if applying for reimbursement)

