Yukon Workers' Compensation Health and Safety Board

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Website:** www.wcb.yk.ca

Assistive Device Request

A. Worker Information

Name	Date of Birth
Claim Number	
Address	Postal Code

B. Clinic Information

Billing Date	
Clinic	
Licensed/Certified Service Provider Name	
Mailing Address	
Telephone	Fax

C. Type of Assistive Listening Device

Please check appropriate boxes

FM System ☐ L ☐ R	Amplified Telephone ☐	Infrared TV System ☐

☐ Other

Comments

Signature of Clinician *Date*

D. Cost Sharing

I agree that since the assistive listening device costs more than what YWCHSB will fund, I will solely be responsible for the additional cost.

Signature of Worker *Date*

YWCHSB amount: $	**Client amount: $**

YWCHSB use only

Approved ☐ Yes ☐ No

Signature of Adjudicator *Date*