



Western Institute for  
THE DEAF AND HARD OF HEARING

<b>EAD-GAP Application Form</b>					
<b>Full Name:</b>	<b>Last Name</b>		<b>First Name</b>		
<b>Address:</b>	<b>Street Address</b>				<b>Apartment/Unit #</b>
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>Phone Number:</b>			<b>Fax Number:</b>		
<b>E-mail Address:</b>					
<b>VideoPhone Number:</b>					
<b>Age Range: (Please tick the box that applies to you)</b>					
<input type="checkbox"/> 20-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71-80 <input type="checkbox"/> 81-90					
<b>What do you wish to do in your home or the community? (What is your goal?)</b>					
<b>What is stopping you from meeting your goal?</b>			<b>What device do you think would help you?</b>		
<b>How did you find out about the program?</b>					

You can mail your application to:  
 The Western Institute for the Deaf and Hard of Hearing  
 2125 West 7<sup>th</sup> Avenue, Vancouver, BC, V6K 1X9  
 Voice: 604-736-7391  
 Voice toll-free: 1-888-736-7391  
 TTY: 604-736-5819  
 Fax: 604-736-4381  
 E-mail: [comaides@widhh.com](mailto:comaides@widhh.com)