SaskTel Accessibility Services Application

Instructions:

1. Please print.
2. Have Medical Professional describe the disability and sign form.
3. Send completed form to:
   1503 Fletcher Road
   Saskatoon SK
   S7M 5S5
   or Email: crcsales.admin@sasktel.com

Completed by Applicant

Name of Applicant _____ Date _____

Address _____ City/Town _____ Postal Code _____

Health and 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

Doctor/CNIB Representative: ☐ Speed Call 8 ☐ Speed Call 30

Directory assistance Exemption: ☐ Landline Telephone ☐ Cellular Telephone

Motion

Occupational Therapist/Doctor: ☐ Speed Call 8 ☐ Speed Call 30

Directory assistance Exemption ☐ Landline Telephone ☐ Cellular Telephone

Hearing

Doctor/Audiologist: ☐ Telewriter (TTY) ☐ 50% toll discount (TTY user only) ☐ Signaling Unit (TTY user only)

Speech

Doctor/Speech Therapist: ☐ 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 _____ Telephone number _____ Name _____

Completed by SaskTel

Service/equipment _____

SO number _____ SO due date _____ SR name _____ SR initials _____