

DISABILITY AND HEALTH SUPPORTS UNIT

www.gov.mb.ca/fs/dhsu

Bathing and Toileting Aids

Item Description	SAP Number
GRAB BARS* - Required - grab bar and transfer pole installation form completed (Appendix A)	
Left angle	050696
Right angle	050697
12"	047194
16"	047195
18"	047196
24"	047197
32"	047198
CLAMP ON GRAB BAR	
Clamp on Grab Bar (Regular)	047193
BATH SEATS	
Bath Seat with back - up to 400 lbs	050695
Bath Seat with back - up to 250 lbs	046807
Bath Seat - no back - up to 400 lbs	047192
Bath Seat - no back - up to 250 lbs	046811
BATH TRANSFER BENCH	
Heavy duty 400 lbs	046831
Padded 300 lbs	048696
Careguard 315 lbs (comes with suction cup feet)	046832
Modular 250 lbs	060714
RAISED TOILET SEAT	
Raised Toilet Seat 2"	046871
Raised Toilet Seat 4"	046873
Raised Toilet Seat 6"	046874
Raised Toilet Seat with arms 5"	051042
OTHER	
Hand Held Shower	048694
Urinal	Male 028664 Female 028722
Adjustable Toilet Safety Frame	048699
Non-slip Tub Mat 30" x 13 3/4"	046804
Safety Strips	047734
Toilet Tissue Aid	062423
Long Handled Sponge 21"	047724
Long Handled Sponge 30"	047725

REPLACEMENT GUIDELINES EVERY 5 YEARS

If the above equipment is not suitable for the client, please submit a Medical Equipment Request and Justification Form outlining the request.

Grab Bar & Transfer Pole Installation Fax Form



This form provides basic Grab Bar and Transfer Pole installation requirements to help MDA ensure installation accuracy and client satisfaction.

Instructions: Please complete Section A and Sections B - D as required. Fax directly to MDA at (204) 945-5077 along with product order form.

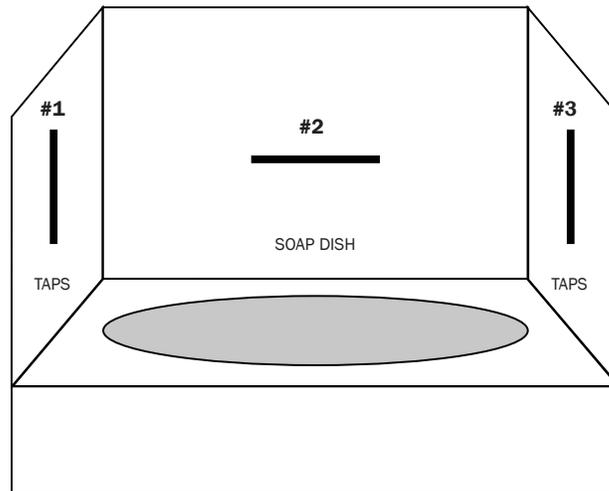
SECTION A

Client Name	Phone	
Resident Address (provide full address including postal code)		
Does Assessor wish to be present at time of installation? If yes, please provide assessor contact information below	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Assessor Name	Phone
Title	

SECTION B: Grab Bar Installation for Bathtub

1. On the following diagram, please circle the number which best describes the location where the grab bar(s) should be installed:



- 2(A). In the diagram(s) below, indicate the grab bar(s) length (in inches) and circle the direction it should be installed.

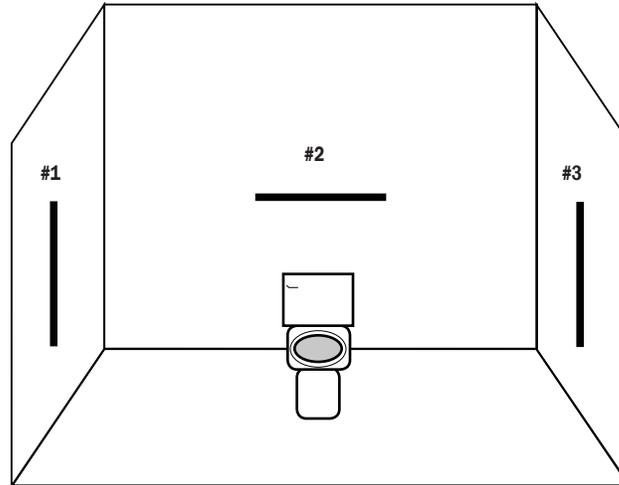
<p>Grab Bar #1</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p> — \ /</p>	<p>Grab Bar #2</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p> — \ /</p>	<p>Grab Bar #3</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p> — \ /</p>
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- 2(B). Additional Grab Bar(s) installation details:

Grab Bar & Transfer Pole Installation Fax Form - Continued

SECTION C: Grab Bar Installation for Toilet

1. On the following diagram, circle the number which best describes the location the grab bar(s) should be installed:



2(A). In the diagram below, indicate the grab bar(s) length (in inches) and circle the direction each should be installed.

<p>Grab Bar #1</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p> <input type="checkbox"/> <input type="checkbox"/> — <input type="checkbox"/> \ <input type="checkbox"/> / </p>	<p>Grab Bar #2</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p> <input type="checkbox"/> <input type="checkbox"/> — <input type="checkbox"/> \ <input type="checkbox"/> / </p>	<p>Grab Bar #3</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p> <input type="checkbox"/> <input type="checkbox"/> — <input type="checkbox"/> \ <input type="checkbox"/> / </p>
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2(B). Provide additional Grab Bar(s) installation details:

SECTION D: Transfer Pole Installation

1. Ceiling height for transfer pole installation
 _____ Feet _____ Inches

2. For which room is the transfer pole being installed?

To ensure accuracy, MDA asks the assessor to use masking tape to draw an "X" on the floor in the position where the Transfer pole should be installed

Additional Transfer Pole Installation details:

Thank you for providing MDA with the above information.
 Please fax to: **(204) 945-5077**