

# Cane Request Form



## **Client**

Name: \_\_\_\_\_ County: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Request Type**

First Time: \_\_\_\_\_ Replacement: \_\_\_\_\_

Canes must be measured and fitted to the individual. A visually impaired person needs special training on how to use a cane. All first-time requests should be handled by an Orientation and Mobility Specialist.

Support Rubber Tip: \_\_\_\_\_ Folding Aluminum: \_\_\_\_\_ Straight Aluminum: \_\_\_\_\_

\*For folding/straight canes please let us know if you want a roller tip included with your cane

Yes \_\_\_\_\_ No \_\_\_\_\_

Submitted By: \_\_\_\_\_

Name: \_\_\_\_\_ Social Worker or OMS Specialist

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Mail Cane To**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For the fastest service you can email requests to: [canes@ncnf.org](mailto:canes@ncnf.org)

NCLF USE ONLY

Mail: North Carolina Lions Foundation

Date Ordered: \_\_\_\_\_

PO Box 39

Processed By: \_\_\_\_\_

Sherrills Ford, NC 28673

Invoice #: \_\_\_\_\_

Fax: 828-478-4419

