

Personal Protective Equipment (PPE) Mask Request Form

Contact Name

Phone Number

Email Address:

Names of individuals receiving supports in your home (PDD, FSCD client names):

Number of employees providing supports and the services they provide (Note: *Please do NOT include family members, the masks are for employees only*)

The number of masks required for a two-week period

- Use the following calculation: four (4) masks per employee per eight hour shift

Please indicate if you will pick up:

Inclusion Alberta (11724 Kingsway NW)

If pick up is not a viable option for your family please indicate this and a Edmonton Region representative will contact you at the phone number provided.

NO - Pick up is not a viable option for my family. Please contact me.

Other: