Alzheimer Society music project

ADMIN ONLY
Client #:
Date Received:

Music Project Replacement Requests and Returns

Fill out this form either to return a music package and end participation in the program, or to request a replacement if any of the items are lost, damaged, or not working anymore. Replacements will be issued at the discretion of the Music Project Coordinator. Please complete all fields using BLOCK LETTERS.

Name of your local Alzheimer Society:		
Music Recipient Name:	**Client #** (if known):	
Primary/Personal Contact Name – List the name of the person who originally consented to participate in the program. This could be a family member, friend, or the music recipient:		
Your Name:	**Your Email Address:**	**Your Phone Number:**
Name of Referring Organization – If you are a staff member at a long-term care home, hospital, Adult Day Program, LHIN, or other similar organization that referred the Music Recipient to the program, please list the name of your organization, otherwise leave this space blank:		

Is this a Replacement Request or a Return? Select one and provide some details.

○ **Replacement request**

Use a check mark (✓) to indicate what you are requesting a replacement for.

	No replacement required	Lost	Broken or not working*
Music player			
Wall charger			
Charging cable			
Headphones			

*Any parts listed as *broken or not working* must be returned to your local Society in-person or by mail. Only when they are received will your application be processed.

○ **Return:** Indicate your reason to end participation in the program.

- ○ Recipient deceased
- ○ No longer interested in participating (specify reason):
- ○ Other (specify):

Notes/Comments: Please tell us here if there is anything else you would like us to know.

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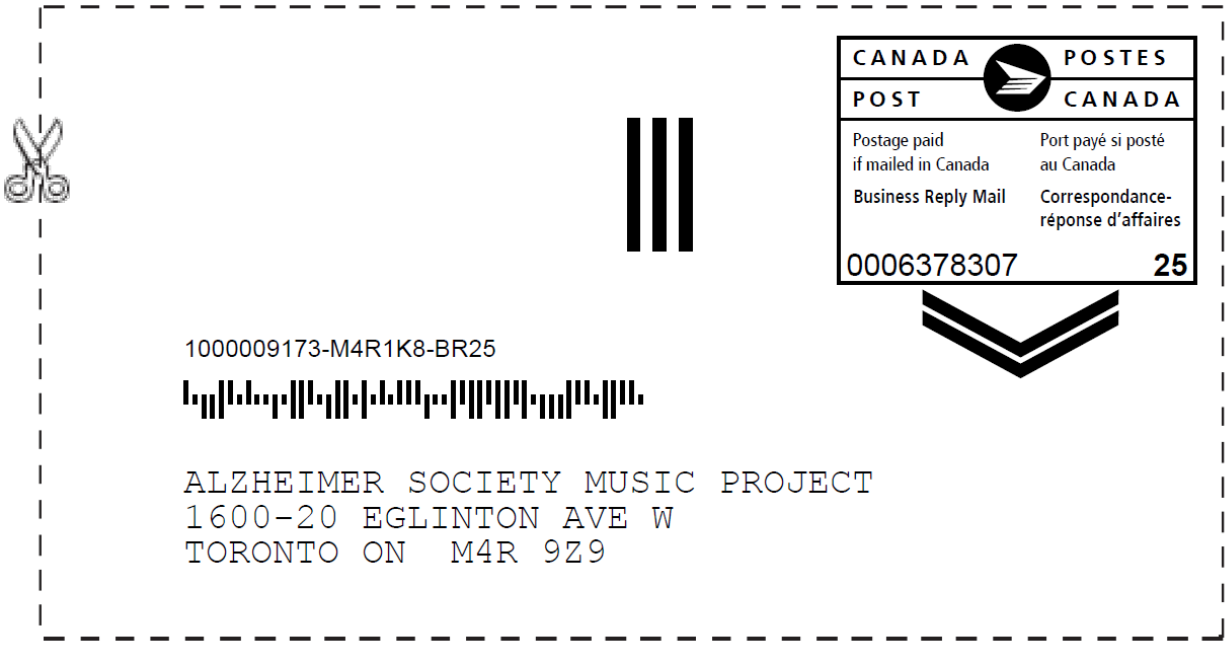
Replacement Requests & Returns

TO DROP OFF IN-PERSON, visit your local Alzheimer Society during business hours. Contact information for participating Alzheimer Societies is listed on www.musicproject.ca/contact.

TO MAIL items that are broken/not working, or to return a music package by mail, please print, cut, and affix the following label to a bubble-mailer.

Make sure to print and complete the form on the previous page and include it in your envelope when mailing the package to us. **If you have filled out an online form** already, you **do not** have to fill out the previous page. Instead, please include the name of the Music Recipient inside the package you are returning.



Contact the Music Project Coordinator at write@musicproject.ca or 416-640-6305 with any questions.