

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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- ☒ Medication Compressors . . . . . Section 2b
- ☒ High Output Air Compressors . . . . . Section 2b
- ☐ Suction Units . . . . . Section 2c
- ☐ Apnea/Cardiorespiratory Monitors . . . . . Section 2d
- ☐ Airway Clearance Devices . . . . . Section 2e
- ☒ Tracheostomy Equipment. . . . . Section 2f

## Section 2a – Positive Airway Pressure Systems (to be completed by Physician)

### Device (check one)

- ☒ Continuous Positive Airway Pressure (CPAP)
- ☐ Auto-titrating Positive Airway Pressure (APAP)
- ☐ Bi-level Positive Airway Pressure (BPAP)

### Reason for Application (check one)

- ☒ First access for Positive Airway Pressure Systems
- ☐ Replacement of Previously ADP Funded Device(s)

### Replacement Device(s) Required Due To (check as appropriate)

- ☒ Change in applicant's medical/respiratory status - previously ADP funded equipment no longer meeting basic respiratory needs as defined by ADP for funding purposes
- ☒ Previously ADP funded equipment is not in good working order and client confirms that it is no longer under warranty - attach repair quote and/or copies of repair bills

## Confirmation of Applicant's Eligibility for a Positive Airway Pressure System

### For all Positive Airway Pressure System devices

- Applicant has completed a Level 1 sleep study which confirms a diagnosis of Obstructive Sleep Apnea Syndrome (OSAS) and the presence of symptoms without therapy and the absence of symptoms with therapy (Clinic Number must be provided in Section 4). ☐ Yes ☐ No ☒ N/A
- Applicant has been provided by the Sleep Lab with a copy of the ADP Applicant Respiratory Fact Sheet. ☐ Yes ☒ No ☐ N/A

### For BPAP devices

- Individual has a documented diagnosis of OSAS and despite CPAP of 15 cmH2O or greater, exhibits one of the following: ☒ Yes ☐ No ☐ N/A
  - Nocturnal hypoxemia (O2 saturation <88%)
  - Nocturnal hypercapnia (PaCO2 >50mmHg)
  - Apnea/hypopnea index > 10
- Individual has a documented diagnosis of OSAS and CPAP of 15 cmH2O or greater resolves the physiological abnormalities but the individual is unable to tolerate this pressure. ☒ Yes ☐ No ☐ N/A
- Individual has a documented diagnosis of OSAS but is either unable to tolerate any level of CPAP or continues to complain of excessive daytime sleepiness. ☐ Yes ☐ No ☒ N/A