Applicant's Last Name	First Name	Health Number (10 digits)	Version

Section 2d - Apnea/Cardiorespiratory Monitors

Device (check one)

☐ Apnea/Cardiorespiratory Monitor Rental *note – maximum six month rental

☑ Apnea/Cardiorespiratory Monitor Purchase

Confirmation of Applicant's Eligibility (answer questions 1-3 for monitor rental; 4 for monitor purchase)

1.	Applicant is the sibling of a Sudden Infant Death Syndrome (SIDS) Infant.	☐ Yes	☑ No	☐ N/A
2.	Applicant is an infant who has experienced an Apparent Life-Threatening Episode (ALTE).	☐ Yes	☑ No	☐ N/A
3.	Applicant is a premature infant in whom apnea persists beyond 37 weeks corrected gestational age.	☑ Yes	☐ No	☐ N/A
4.	Applicant has a Tracheostomy (purchase only).	☑ Yes	☐ No	☐ N/A

Section 2e – Airway Clearance Devices

Device (check one or more as appropriate)

☑ Postural Drainage Board

☐ Percussor

Reason for Application (check one)

☑ First access for Airway Clearance Devices

☐ 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 an Airway Clearance Device (answer required)

Applicant has cystic fibrosis	☑ Yes	☐ No	☐ N/A

Section 2f – Tracheostomy Equipment

Equipment (check one or more as appropriate)

☐ Tracheostomy Tubes

☐ Speaking Valves

☑ Other Tracheostomy Supplies

Confirmation of Applicant's Eligibility For Tracheostomy Equipment or Supplies (answer required)

Applicant has undergone a tracheostomy	☐ Yes	☑ No	☐ N/A