Ontario

Ministry of Health

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5
Tel: 416-327-8804
Toll-free: 1-800-268-6021
TTY: 416-327-4282
TTY: 1-800-387-5559

Application for Funding Respiratory Equipment and Supplies

Fields marked with an asterisk (*) are mandatory.

Section 1 – Applicant's Biographical Information

Last Name *
Jenkins

First Name *
Emma

Middle Initial
Z

Health Number (10 digits)
0309897730

Version
QA

Date of Birth (yyyy/mm/dd)
1945/09/01

Sex
☑ Male ☐ Female

Name of Long-Term Care Home (LTCH) (if applicable)
Blossom Woods

Address

Unit Number
1181

Street Number
632

Street Name *
Quail Run

Lot/Concession/Rural Route *
4845 David Wright Crt

City/Town *
Blind River

Province *
ON

Postal Code *
L6Y 4S7

Home Telephone Number
519-326-8139

Business Telephone Number
249-788-7616 ext. 574

Confirmation of Benefits

I am receiving social assistance benefits ☐ Yes ☑ No

If yes, please check one
☐ Ontario Works Program (OWP)
☐ Ontario Disability Support Program (ODSP)
☐ Assistance to Children with Severe Disabilities (ACSD)

I am eligible to receive coverage for Respiratory Equipment or Supplies from:

Workplace Safety & Insurance Board (WSIB) ☐ Yes ☑ No

Veterans Affairs Canada (VAC) ☑ Yes ☐ No

I am a resident of a Long-Term Care Home (LTCH) ☑ Yes ☐ No

I reside in an acute or a chronic care hospital ☐ Yes ☑ No

Section 2 – Devices and Eligibility (to be completed by Physician/Nurse Practitioner)

Devices Currently Required by the Applicant on an ongoing daily basis, Based on Eligibility Criteria for ADP Funding Assistance

Complete and submit the relevant Section(s) below:
(check one or more as appropriate)

☑ Continuous Positive Airway Pressure Systems (CPAPS) . . . Section 2a

☑ Bi-Level Positive Airway Pressure Systems (BPAPS) . . . . . Section 2a

☑ Auto-titrating Positive Airway Pressure Systems (APAPS) . . Section 2a

This page must be completed and submitted

