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 Mobility Devices

Fields marked with an asterisk (*) are mandatory.

Section 1 – Applicant's Biographical Information

Last Name *
Hardy

First Name *
Katherine

Middle Initial
J

Health Number (10 digits)
7982514514

Version
OT

Date of Birth (yyyy/mm/dd)
1967/11/03

Sex
☑ Male ☐ Female

Name of Long-Term Care Home (LTCH) (if applicable)
Tranquil Isle

Address

Unit Number
2231

Street Number
1343

Street Name *
Highland Avenue

Lot/Concession/Rural Route *
4446 Beechwood Avenue

City/Town *
Gravenhurst

Province *
ON

Postal Code *
M2K 3G4

Home Telephone Number
647-557-4962

Business Telephone Number
437-894-7930 ext. 833

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 Mobility Devices from:

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

Veterans Affairs Canada (VAC) – Group A ☑ Yes ☐ No

Section 2 – Devices and Eligibility (to be completed by Authorizer)

Applicant's presenting medical condition - **Must Be Completed**

Scoliosis - an abnormal sideways curvature of the spi

Applicant's basic functional mobility status related to the need for an ADP funded device - **Must Be Completed**

Pregnancy bed rest

This page must be completed and submitted

