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

Section 2b – Manual Wheelchairs

Base Device (check one)

- ☐ Adult Standard Manual Wheelchair
- ☐ Adult Lightweight Standard Manual Wheelchair
- ☐ Adult Lightweight Performance Manual Wheelchair
- ☐ Adult High Performance Rigid Manual Wheelchair
- ☐ Adult Manual Dynamic Tilt Wheelchair
- ☐ Paediatric Lightweight Standard Manual Wheelchair
- ☐ Paediatric Lightweight Performance Manual Wheelchair
- ☐ Paediatric High Performance Rigid Manual Wheelchair
- ☐ Paediatric Manual Dynamic Tilt Wheelchair
- ☐ Paediatric Specific Specialty Stroller
- ☐ None

☐ Power Add-On Device Requested (check in addition to base device if required)

Reason for Application (check one)

- ☐ First access for Mobility Devices
- ☐ Another type of device required in addition to Previously ADP Funded Device(s)
- ☐ Modifications to Non ADP Funded Device(s)
- ☐ Replacement of Previously ADP Funded Device(s) no longer in use
- ☐ Modifications/Adjustments/Additional Components to Previously ADP Funded Device(s) currently in use

Replacement Device(s) and/or Modifications Required Due To: (check as appropriate)

- ☐ Change in applicant's mobility status - previously ADP funded equipment no longer meeting basic mobility needs as defined by ADP for funding purposes
- ☐ Change in applicant's body size - previously ADP funded equipment is either too large or too small.
- ☐ Previously ADP funded equipment is worn out
  - attach vendor quote and/or copies of repair bills for wheeled walkers and wheelchairs only.
- ☐ Special circumstances - none of the above **- attach letter of rationale.**

Confirmation of Applicant's Eligibility for A Manual Wheelchair: (answer required for each statement)

1.	Applicant requires the use of a manual wheelchair to move throughout his/her place of residence and can move independently throughout his/her place of residence with the prescribed device.	☐ Yes	☐ No	☐ N/A
2.	Applicant requires the use of a manual wheelchair to move beyond his/her place of residence and can move independently beyond his/her place of residence with the prescribed device.	☐ Yes	☐ No	☐ N/A
3.	Applicant requires the use of a manual wheelchair to move throughout his/her place of residence and is dependent on attendant for propulsion.	☐ Yes	☐ No	☐ N/A
4.	Applicant requires the use of a manual wheelchair to move beyond his/her place of residence and is dependent on attendant for propulsion.	☐ Yes	☐ No	☐ N/A
5.	Applicant requires the use of a titanium frame wheelchair to move independently throughout his/her place of residence.	☐ Yes	☐ No	☐ N/A
6.	Applicant requires the use of a titanium frame wheelchair to move independently beyond his/her place of residence.	☐ Yes	☐ No	☐ N/A
7.	Applicant can weight shift independently in the sitting position.	☐ Yes	☐ No	☐ N/A
8.	Applicant demonstrates a history of tissue trauma and/or a significant risk of tissue trauma when sitting and skin integrity cannot be maintained with the addition of fixed seating alone.	☐ Yes	☐ No	☐ N/A
9.	Applicant cannot maintain a functional posture in sitting due to abnormal tone and/or joint contractures and posture cannot be supported with the addition of fixed seating alone.	☐ Yes	☐ No	☐ N/A
10.	Applicant demonstrates an intolerance for sitting which cannot be increased for mobility with the addition of fixed seating alone.	☐ Yes	☐ No	☐ N/A
11.	Applicant is able to propel a manual wheelchair independently but requires some daily use of power to move throughout his/her place of residence.	☐ Yes	☐ No	☐ N/A
12.	Applicant is able to propel a manual wheelchair independently but requires some daily use of power to move beyond his/her place of residence.	☐ Yes	☐ No	☐ N/A
13.	It is anticipated that the applicant will be able to use a manual wheelchair with a power add-on device for his/her long-term mobility needs and will not require the use of a power wheelchair/ power base within the designated funding period.	☐ Yes	☐ No	☐ N/A

Section 2b continued