

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

Fields marked with an asterisk (*) are mandatory.

Section 1 – Applicant's Biographical Information

Last Name *

Gomez

First Name *

Emersyn

Middle Initial

C

Health Number (10 digits)

6575370658

Version

PE

Date of Birth (yyyy/mm/dd)

1963-10-03

Sex

☒ Male

☐ Female

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

Tranquility Meadows

Address

Unit Number

1916

Street Number

985

Street Name *

Highfield Drive

Lot/Concession/Rural Route *

2894 Raintree Court

City/Town *

Collingwood

Province *

ON

Postal Code *

K1C 2T3

Home Telephone Number

613-410-6698

Business Telephone Number

343-392-9194

ext. 883

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