Section 2c - Power Bases and Power Scooters	Applicant's Last Name	First Name		Health Number (10 o	digits) Version	
Base Device (check one) Adult Power Base Type 1						
Adult Power Base Type 1	Section 2c – Power Bases and Power Scooters					
Adult Power Base Type 2	Base Device (check one)					
Adult Power Base Type 3	Adult Power Base Type 1	Paediatric Power Base Type 1	☐ Paediatric Po	wer Base with Manua	ıl Dynamic Tilt	
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 Power Base (answer required for each statement) Applicant requires the use of a power base to move independently throughout his/her Yes No N/A 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 Power Base (answer required for each statement) Applicant requires the use of a power base to move independently beyond his/her Yes No N/A Applicant requires the use of a power scooter to move independently beyond his/her Yes No N/A Applicant requires the use of a power scooter to move independently beyond his/her Yes No N/A Applicant requires the use of a power scooter to move independently beyond his/her Yes No N/A	Adult Power Base Type 2	Paediatric Power Base Type 2	☐ Power Scoote	er		
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 Applicant requires the use of a power scooter to move independently throughout his/her place of residence. Applicant requires the use of a power scooter to move independently beyond his/her 		r base to move independently bey	ond his/her	☐ Yes ☐ No	□ N/A	
place of residence. 2. Applicant requires the use of a power scooter to move independently beyond his/her	Confirmation of Applicant's Eligibility for a Power Scooter (answer required for each statement)					
2. Applicant requires the use of a power scooter to move independently beyond his/her		r scooter to move independently th	hroughout his/her	☐ Yes ☐ No	□ N/A	
place of residence.		r scooter to move independently b	eyond his/her	☐ Yes ☐ No	□ N/A	
3. Applicant operates the prescribed scooter independently with the standard scooter seat and tiller.		ooter independently with the stanc	dard scooter seat	☐ Yes ☐ No	□ N/A	
Prescription Details for Power Device Only (answers required for 1-6 for power base and 6 only for power scooters)						
1. Seat Width			•		,	
2. Finished Back Height						
3. Finished Seat to Floor Height						
4. Leg Rest Length						
5. Seat Depth						
6. Client Weight						

Section 2c continued

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Note: See product manual for details about all generic device types.