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

Additional ADP Funded Options Required for Prescribed Power Base (check one or more)

- ☐ Adjustable Tension Back Upholstery
- ☐ Midline Control
- ☐ Manual Recline Option
- ☐ Angle Adjustable Footplates (pair)
- ☐ Manual Elevating Legrests (pair)
- ☐ Swingaway Mounting Bracket
- ☐ One Piece 90/90 Front Riggings
- ☐ Seat Package 1 for Power Bases (includes frame, sling upholstery, armrests, footrests)
- ☐ Seat Package 2 for Power Bases (includes deluxe seat and back, armrests, footrests)
- ☐ Oxygen Tank Holder
- ☐ Ventilator Tray

Provide clinical rationale for the following Specialty Components in space below*

- ☐ Specialty Controls 1 Non Standard Joystick*
- ☐ Specialty Controls 2 Chin/Rim Control*
- ☐ Specialty Controls 3 Simple Touch*
- ☐ Specialty Controls 4 Proximity Control*
- ☐ Specialty Controls 5 Breath Control*
- ☐ Specialty Controls 6 Scanners*
- ☐ Auto Correction System*

*** Provide Clinical Rationale**

Provide clinical rationale for the following Power Positioning Devices in Justification for Funding Chart

- ☐ Power Tilt Only
- ☐ Power Recline Only
- ☐ Power Tilt and Recline
- ☐ Power Elevating Footrests
- ☐ Multi-Function Control Box

Non ADP Funded Options Prescribed (Optional)

Set Up Instructions for Vendor (Optional)

☐ **Custom Modifications Required**

The authorizer must provide clinical rationale to support the request in the space below and attach a vendor quote that provides a breakdown of the cost of labour (not to exceed $40.00/hour) and parts.