

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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**Mobility Equipment Previously Funded by ADP (check one or more as appropriate)**

- |                               |  |  |   |
|-------------------------------|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Forearm crutches  | <input type="checkbox"/> Power add on device           | <input type="checkbox"/> Power recline system                   |
|                               | <input type="checkbox"/> Wheeled walker    | <input type="checkbox"/> Power scooter                 | <input type="checkbox"/> Power elevating leg rests              |
|                               | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Positioning devices (seating) | <input type="checkbox"/> Paediatric standing frame              |
|                               | <input type="checkbox"/> Power wheelchair  | <input type="checkbox"/> Power tilt system             | <input type="checkbox"/> Paediatric specific specialty stroller |

**Device(s) 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)

- |  |   |
|--|---|
| <input type="checkbox"/> Forearm crutches only to achieve independent mobility . . . . .   | <b>Section 2a</b>   |
| <input type="checkbox"/> A wheeled walker only to achieve independent mobility . . . . .   | <b>Section 2a</b>   |
| <input type="checkbox"/> A manual wheelchair only to achieve independent mobility . . . . .  | <b>Section 2b</b>   |
| <input type="checkbox"/> An ambulation aid and a manual wheelchair to achieve independent mobility. . . . .  | <b>Section 2a and Section 2b</b>  |
| <input type="checkbox"/> A manual wheelchair to achieve mobility (dependent for propulsion) . . . . .  | <b>Section 2b</b>   |
| <input type="checkbox"/> A manual dynamic tilt wheelchair to achieve independent mobility. . . . .   | <b>Section 2b</b>   |
| <input type="checkbox"/> A manual dynamic tilt wheelchair to achieve mobility (dependent for propulsion) . . . . .   | <b>Section 2b</b>   |
| <input type="checkbox"/> A manual wheelchair with a power add-on device to achieve independent mobility. . . . .   | <b>Section 2b</b>   |
| <input type="checkbox"/> A power base only to achieve independent mobility . . . . .   | <b>Section 2c</b>   |
| <input type="checkbox"/> A power scooter only to achieve independent mobility . . . . .  | <b>Section 2c</b>   |
| <input type="checkbox"/> An ambulation aid and a power base/scooter to achieve independent mobility . . . . .  | <b>Section 2a and Section 2c</b>  |
| <input type="checkbox"/> Positioning devices (seating) for a wheelchair - modular and/or custom fabricated . . . . .   | <b>Section 2d</b>   |
| <input type="checkbox"/> A high technology power base (dynamic tilt and/or recline and/or power elevating leg rests)<br>– attach justification for funding chart . . . . . | <b>Section 2c</b>   |
| <input type="checkbox"/> A paediatric standing frame . . . . .   | <b>Section 2a</b>   |
| <input type="checkbox"/> Modifications to previously ADP funded device(s). . . . .   | <b>Section 2a/ambulation aid,<br/>Section 2b/manual<br/>wheelchair, Section 2c/power<br/>wheelchair</b> |
| <input type="checkbox"/> Modifications to non ADP funded device(s) . . . . .   | <b>Section 2a/ambulation aid,<br/>Section 2b/manual<br/>wheelchair, Section 2c/power<br/>wheelchair</b> |

**This page must be completed and submitted**