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

Proof of Delivery

I confirm that I have received the respiratory device(s) specified above and that I have received a fully itemized invoice from the vendor. I understand that the vendor may bill me for the equipment if I do not meet the ADP's criteria for funding.

Signature	Date of Delivery (yyyy/mm/dd)
	2022/01/30

Pages and Attachments Being Submitted

1. Complete this application form in full according to applicant's eligibility for ADP funding assistance and make a copy for your records.

2. Check the following pages/sections of the application form and the attachments that are included with your submission:

- [x] Section 1 – Applicant's Biographical Information & Confirmation of Eligibility (Section 1 must be completed and submitted)
- [ ] Section 2a – Positive Airway Pressure Systems (PAPS)
- [ ] Section 2b – Compressors
- [ ] Section 2c – Suction Devices
- [ ] Section 2d – Monitors
- [ ] Section 2e – Airway Clearance Devices
- [ ] Section 2f – Tracheostomy Equipment
- [x] Section 3 and Section 4 – Consent and Signatures (Sections 3 and 4 must be completed and submitted)

3. Attachments (if required) Note: Other attachments will not be considered by the Assistive Devices Program.

- [ ] Repair Quote - Replacement of ADP funded equipment due to normal wear and tear

4. Application form may be submitted to ADP once all signatures are obtained – applicant/agent, physician/nurse practitioner and vendor.

This page must be completed and submitted

Note: Attach vendor/manufacturer's quote and/or repair bills if required (see Section 2)

Other attachments will not be considered by the Assistive Devices Program.

It is an offence punishable by fine and/or imprisonment to knowingly provide false information to obtain funding for a device.