

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)

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

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

This page must be completed and submitted