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

Section 2a – Ambulation Aids

Base Device (check one walker and/or forearm crutches and/or one paediatric standing frame)

- ☐ Adult Wheeled Walker Type 1
- ☐ Adult Wheeled Walker Type 2
- ☐ Adult Wheeled Walker Type 3
- ☐ Paediatric Specific Wheeled Walker Type 1
- ☐ Paediatric Specific Wheeled Walker Type 2
- ☐ Paediatric Specific Wheeled Walker Walking Frame
- ☐ Paediatric Standing Frame Type 1
- ☐ Paediatric Standing Frame Type 2
- ☐ Forearm Crutches
- ☐ None

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 Ambulation Aids (answer required for each statement)

1.	Applicant requires the prescribed device in order to move throughout his/her place of residence.	☐ Yes	☐ No	☐ N/A
2.	Applicant requires the prescribed device in order to move beyond his/her place of residence.	☐ Yes	☐ No	☐ N/A
3.	Applicant requires the prescribed device to access wheelchair inaccessible areas in his/her place of residence.	☐ Yes	☐ No	☐ N/A
4.	Applicant is independently mobile with the prescribed device.	☐ Yes	☐ No	☐ N/A
5.	Applicant requires forearm crutches.	☐ Yes	☐ No	☐ N/A
6.	Applicant requires a paediatric specific standing frame.	☐ Yes	☐ No	☐ N/A

Section 2a continued