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

Section 2c – Power Bases and Power Scooters

Base Device (check one)

- ☐ Adult Power Base Type 1
- ☐ Adult Power Base Type 2
- ☐ Adult Power Base Type 3
- ☐ Paediatric Power Base Type 1
- ☐ Paediatric Power Base Type 2
- ☐ Paediatric Power Base Type 3
- ☐ Paediatric Power Base with Manual Dynamic Tilt
- ☐ Power Scooter
- ☐ 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 a Power Base (answer required for each statement)

1. Applicant requires the use of a power base to move independently throughout his/her place of residence.	☐ Yes	☐ No	☐ N/A
2. Applicant requires the use of a power base to move independently beyond his/her place of residence.	☐ Yes	☐ No	☐ N/A

Confirmation of Applicant's Eligibility for a Power Scooter (answer required for each statement)

1. Applicant requires the use of a power scooter to move independently throughout his/her place of residence.	☐ Yes	☐ No	☐ N/A
2. Applicant requires the use of a power scooter to move independently beyond his/her place of residence.	☐ Yes	☐ No	☐ N/A
3. Applicant operates the prescribed scooter independently with the standard scooter seat and tiller.	☐ Yes	☐ No	☐ N/A

Prescription Details for Power Device Only (answers required for 1-6 for power base and 6 only for power scooters)

1. Seat Width _____ ☐ cm or ☐ inches
2. Finished Back Height _____ ☐ cm or ☐ inches
3. Finished Seat to Floor Height _____ ☐ cm or ☐ inches
4. Leg Rest Length _____ ☐ cm or ☐ inches
5. Seat Depth _____ ☐ cm or ☐ inches
6. Client Weight _____ ☐ kg or ☐ lbs

Note: See product manual for details about all generic device types.

Section 2c continued