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| Applicant's Last Name | First Name | Health Number (10 digits) | Version |
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- ☐ Medication Compressors Section 2b
- ☐ High Output Air Compressors Section 2b
- ☐ Suction Units Section 2c
- ☐ Apnea/Cardiorespiratory Monitors Section 2d
- ☐ Airway Clearance Devices Section 2e
- ☐ Tracheostomy Equipment Section 2f

Section 2a – Positive Airway Pressure Systems (to be completed by Physician)

Device (check one)

- ☐ Continuous Positive Airway Pressure (CPAP)
- ☐ Auto-titrating Positive Airway Pressure (APAP)
- ☐ Bi-level Positive Airway Pressure (BPAP)

Reason for Application (check one)

- ☐ First access for Positive Airway Pressure Systems
- ☐ Replacement of Previously ADP Funded Device(s)

Replacement Device(s) Required Due To (check as appropriate)

- ☐ Change in applicant's medical/respiratory status - previously ADP funded equipment no longer meeting basic respiratory needs as defined by ADP for funding purposes
- ☐ Previously ADP funded equipment is not in good working order and client confirms that it is no longer under warranty - **attach repair quote and/or copies of repair bills**

Confirmation of Applicant's Eligibility for a Positive Airway Pressure System

For all Positive Airway Pressure System devices

- Applicant has completed a Level 1 sleep study which confirms a diagnosis of Obstructive Sleep Apnea Syndrome (OSAS) and the presence of symptoms without therapy and the absence of symptoms with therapy (Clinic Number must be provided in Section 4). ☐ Yes ☐ No ☐ N/A
- Applicant has been provided by the Sleep Lab with a copy of the ADP Applicant Respiratory Fact Sheet. ☐ Yes ☐ No ☐ N/A

For BPAP devices

- Individual has a documented diagnosis of OSAS and despite CPAP of 15 cmH₂O or greater, exhibits one of the following: ☐ Yes ☐ No ☐ N/A
 - Nocturnal hypoxemia (O₂ saturation <88%)
 - Nocturnal hypercapnia (PaCO₂ >50mmHg)
 - Apnea/hypopnea index > 10
- Individual has a documented diagnosis of OSAS and CPAP of 15 cmH₂O or greater resolves the physiological abnormalities but the individual is unable to tolerate this pressure. ☐ Yes ☐ No ☐ N/A
- Individual has a documented diagnosis of OSAS but is either unable to tolerate any level of CPAP or continues to complain of excessive daytime sleepiness. ☐ Yes ☐ No ☐ N/A