

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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### Pages and Attachments Being Submitted

#### Note to ADP Registered Authorizer:

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:
  - ☐ Section 1 – Applicant's Biographical Information & Confirmation of Eligibility (**Section 1 must be completed and submitted**)
  - ☐ Section 2a – Ambulation Aids
  - ☐ Section 2b – Manual Wheelchairs
  - ☐ Section 2c – Power Bases and Power Scooters
  - ☐ Section 2d – Positioning Devices (Seating) for Mobility
  - ☐ 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**
  - ☐ Vendor Quote - Replacement of ADP funded equipment due to normal wear and tear
  - ☐ Vendor Quote - Custom Modifications to ADP Listed Device
  - ☐ Justification for Funding Chart - Dynamic Positioning Device (power tilt and/or recline and/or power elevating leg rests)
  - ☐ Letter of Rationale - Extenuating Circumstances Only
4. **Application form may be submitted to ADP once all signatures are obtained – applicant/agent, authorizer and vendor(s).**

**This page must be completed and submitted**

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