

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5
Tel: 416-327-8804
Toll-Free: 1-800-268-6021
TTY: 416-327-4282
TTY: 1-800-387-5559

Fields marked with an asterisk (*) are mandatory.

Section 1 – Applicant's Biographical Information

Last Name *

Chapman

First Name *

Faith

Middle Initial

T

Health Number (10 digits)

9895058607

Version

CE

Date of Birth (yyyy/mm/dd)

1978/11/28

Sex

☒ Male

☐ Female

Name of Long-Term Care Home (LTCH) (if applicable)

Tranquil Waters Retirement Residence

Address

Unit Number

1272

Street Number

446

Street Name *

Sherwood Drive

Lot/Concession/Rural Route *

2052 Cottage Lane

City/Town *

London

Province *

ON

Postal Code *

L5R 1Y6

Home Telephone Number

613-082-6276

Business Telephone Number

343-741-3360

ext. 80

Confirmation of Benefits

I am receiving social assistance benefits ☒ Yes ☐ No

If yes, please check one

☒ Ontario Works Program (OWP)

☐ Ontario Disability Support Program (ODSP)

☐ Assistance to Children with Severe Disabilities (ACSD)

I am eligible to receive coverage for Pressure Modification devices from

Workplace Safety & Insurance Board (WSIB) ☒ Yes ☐ No

Veterans Affairs Canada (VAC) – Group A ☐ Yes ☒ No