

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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Section 2c – Power Bases and Power Scooters

Base Device (check one)

- ☒ Adult Power Base Type 1
 ☐ Paediatric Power Base Type 1
 ☐ Paediatric Power Base with Manual Dynamic Tilt
☐ Adult Power Base Type 2
 ☐ Paediatric Power Base Type 2
 ☐ Power Scooter
☐ Adult Power Base Type 3
 ☐ Paediatric Power Base Type 3
 ☐ 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 10.68 ☒ cm or ☐ inches
 2. Finished Back Height 36.05 ☒ cm or ☐ inches
 3. Finished Seat to Floor Height 11.32 ☐ cm or ☒ inches
 4. Leg Rest Length 25.53 ☐ cm or ☒ inches
 5. Seat Depth 35.87 ☐ cm or ☒ inches
 6. Client Weight 47.52 ☐ kg or ☒ lbs

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

Section 2c continued