

The Ministry of Health and Long-Term Care's (the Ministry) collection of the personal health information on this form is necessary for the purposes of assessing and verifying eligibility for the Assistive Devices Program, and for all other purposes related to the proper administration of that Program.

This information may be used or disclosed in accordance with the *Personal Health Information Protection Act 2004*, as set out in the Ministry's "Statement of Information Practices" which is accessible at: www.health.gov.on.ca. Applicants may withhold their consent to the collection of this information; however, doing so will interfere with their coverage under the Assistive Devices Program. For more information on the Ministry's Information Practices, or the collection of the personal health information on this form, call 1 800 268-6021 or 416 327-8804 or write to the Program Manager, 5700 Yonge Street, 7th Floor, Toronto ON M2M 4K5.

Section 1 – To be completed by client
PLEASE PRINT

| | | | |
|-----------------------|--------------------|---------|----------------------------|
| Last Name, First Name | Health Card Number | Version | Date of Birth (yyyy/mm/dd) |
| | | | |

I am receiving social assistance benefits. yes no

If yes, check one only:

Ontario Works (OW) Ontario Disability Support Program (ODSP) Assistance to Children with Severe Disabilities (ACSD)

| | |
|---------------------------|-------------------|
| Signature of Client/Agent | Date (yyyy/mm/dd) |
| | |

Section 2 – To be completed and signed by ADP Authorizer/Fitter

This form is to be completed by an Assistive Devices Program (ADP) registered Authorizer/Fitter and returned to the Prosthetics and Orthotics Coordinator at the above address/fax number.

Primary diagnosis/level of amputation

| | |
|--|---|
| Name of ADP Authorizer/Fitter – Last Name, First Name (please print) | ADP Authorizer/Fitter Registration Number |
| | |

| | | |
|---------------------------|---------------------|------------------------|
| Telephone Number () - | Fax Number () - | ADP Application Number |
| | | |

Section 3 – ADP Device Category

- | | | |
|---|---|---|
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> Conventional limb prostheses | <input type="checkbox"/> Externally powered upper limb prostheses |
| <input type="checkbox"/> Ocular prostheses | <input type="checkbox"/> Hypertrophic scar management | <input type="checkbox"/> Lymphedema compression devices |
| <input type="checkbox"/> Maxillofacial extraoral prostheses | <input type="checkbox"/> Maxillofacial intraoral prostheses | |

Section 4 – Reason for Request for Special Approval (check one or more as required)

- Wear, not due to client negligence
- Hybrid device (prosthetic/orthotic)
- Modifications /Adjustments due to growth, atrophy or a change in medical condition - refer to specific administration manual for details and attach estimate.
- Replacement of laminated preparatory socket in less than 12 months related to client's body size/weight or very active user
- Replacement of silicone liners in less than 3 years with no socket replacement due to wear or change in stump volume
- "P/A" listing in the product manual
- Replacement of components in less than 3 years not due to growth - *attach rationale*
- More than the allowable maximum sets of garments in 12 months
- Other - *attach rationale*

Section 5 – Device Requested

| | | | | | | ADP Use Only | |
|-----|--|----------|------|-----------------------|---|---------------------|---------------|
| | Description of device <i>(include side of body)</i> | ADP Code | Qty. | Approved ADP Price | Last ADP Authorization Date <i>(yyyy/mm/dd)</i> | Pro-rating | ADP Amount |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |

Signature of ADP Authorizer/Fitter

Date *(yyyy/mm/dd)*

Client Assessment Date *(yyyy/mm/dd)*

ADP Use Only

Approved by

Date *(yyyy/mm/dd)*

ADP Special Approval Number