



Alberta Aids to Daily Living Power Wheelchair Validation Certificate

Protected A (when completed)

Alberta Aids to Daily Living Program

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the *Health Information Act*, sections 33 and 34 of the *Freedom of Information and Protection of Privacy Act (FOIP)* and the Alberta Aids to Daily Living and Extended Health Benefits Regulations for the purpose of obtaining an AADL benefit. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at TELUS House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731, Fax: 780-422-0968.

Instructions to client:
1. Please sign your name, in full, for each item or service received.
2. Ask for a copy of this form for your records.

I _____ acknowledge:
(Print client name)

Receipt of a wheelchair on: _____ / _____
(Delivery date) (Client signature)

Set-up of a wheelchair on: _____ / _____
(Set-up date) (Client signature)

Please DO NOT sign this form until ALL concerns you may have regarding your wheelchair are answered to your satisfaction by your wheelchair vendor.

I confirm, by my signature, that I am satisfied with my wheelchair and the set-up service provided. I accept that I am responsible for the care of the wheelchair, **including obtaining insurance to replace it in the event that it is lost or damaged beyond repair and a manufacturer's warranty does not apply.** I have been made aware that I will not be eligible for further government funding for a replacement wheelchair for a period of five years from the date of this fitting.

_____ / _____
(Date) (Client signature)

Personal Health Number (PHN)

_____ / _____
(Date) (Vendor sales representative signature)

_____ / _____
(Date) (Authorizer signature)

Vendor name and address: