



AADL Eligibility Summary

Category A Tilt-in-Space Base Only

Manual Wheelchair Benefit Type

Protected A (when completed)

Alberta Aids to Daily Living Program

The personal information provided on this form is collected under the authority of the Public Health Act and the Alberta Aids to Daily Living and Extended Health Benefits Regulation and managed in accordance with the Freedom of Information and Protection of Privacy Act. The information will be used to determine eligibility for any requested items. If you have any questions about the collection of this information, contact Alberta Aids to Daily Living at TELUS House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731 Fax: 780-422-0968.

This form must be completed and must be uploaded with authorization to Alberta Blue Cross online health portal to confirm client eligibility for funding assistance from Alberta Aids to Daily Living (AADL).

Client Name:

Check all that apply

	A comprehensive seating assessment, such as the AADL Seating Assessment form, has been completed and a copy is kept on client's file.	<i>This must be available upon request</i>
	The client's weight and condition has been stable for minimum of three months.	<i>Client not eligible if not stable*</i>
	Confirmed that client is not eligible for primary funding through WCB, private insurance, NIHB, Veteran's Affairs or other funding sources.	<i>Client who is eligible through these funding agencies are not eligible for AADL benefits</i>
	Client has or is applying for a power wheelchair.	<i>Power mobility clients are eligible for category A recycle only.</i>
	Pediatric client requiring adult wheelchair, as no pediatric wheelchair on the program meets the child's needs due to the following reasons:	<i>Provide explanation here</i>
	The client requires a tilt-in-space due to reasons such as, unable to maintain sitting position with seating devices and will be seen by seating clinic or:	<i>Explain:</i>

**Current condition is not fluctuating and/or there is no current/known treatment that could potentially change client's requested benefit in the foreseeable future.*

Check off option and confirm eligibility

	W105	OAD One arm drive for tilt-in-space	Impaired unilateral upper extremity strength, unable to propel wheelchair
	W110	Oxygen holder	
	W112	Vent tray	

Authorizer Information

<i>Authorizer name and number (print)</i>	<i>Authorizer signature</i>	<i>Date</i>