



Eligibility Summary Category B Manual Wheelchair

Protected A (when completed)

Alberta Aids to Daily Living (AADL)

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21, 22 and 27 of the *Health Information Act*, sections 33(a) & (c) 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 ATB Place North, 10025 Jasper Avenue NW, Edmonton, AB, T5J 1S6. Telephone: 780-427-0731, Fax: 780-422-0968.

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

| | |
|--------------|-------------|
| Client name: | Client PHN: |
|--------------|-------------|

| Check all that apply | | |
|-----------------------------|---|---|
| | A comprehensive seating assessment, such as the AADL Seating Assessment form, has been completed and a copy 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 client is not eligible for primary funding through WCB, private insurance, NIHB, Veteran's Affairs or other funding resources. | <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> |
| | Client has or is applying for prosthetics. | <i>Clients with prosthetics are only eligible for category A only.</i> |
| | Pediatric client requires adult wheelchair, as no pediatric wheelchair on the program meets the child's needs due to the following reasons: | <i>Explain:</i> |

| Clinical Justification | |
|-------------------------------|---|
| | Independent wheelchair propeller. |
| | Full-time indoor and outdoor use, no ability to ambulate. |
| | Active in the community. |
| | Minimum six consecutive hours sitting tolerance. |

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