



AADL Eligibility Summary Category C 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		
<input type="checkbox"/>	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>
<input type="checkbox"/>	The client's weight and condition has been stable for minimum of three months.	<i>Client not eligible if not stable.</i>
<input type="checkbox"/>	Confirmed client is not eligible for primary funding through WCB, private insurance, NIHB or Veteran's Affairs or other funding.	<i>Client who is eligible through these funding agencies are not eligible for AADL benefits.</i>
<input type="checkbox"/>	Client has or is applying for a power wheelchair.	<i>Power mobility clients are eligible for category A recycle only.</i>
<input type="checkbox"/>	Client has prosthetics ordered through AADL.	<i>Clients with prosthetics are eligible for category A only.</i>
<input type="checkbox"/>	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>

Confirm eligibility	
<input type="checkbox"/>	Independent wheelchair propeller.
<input type="checkbox"/>	Full time indoor and outdoor use, no ability to ambulate.
<input type="checkbox"/>	Active in the community at least four out of seven days a week.
<input type="checkbox"/>	Minimum six consecutive hours sitting tolerance.
<input type="checkbox"/>	Evidence of high risk of upper extremity injury.

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