



# AADL Eligibility Summary Category A, B or D Grant Wheelchair

Protected A (when completed)

Alberta Aids to Daily Living (AADL)

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## Part 1: Eligibility

Complete the corresponding section below.

Grant type:

<input type="checkbox"/>	Category A \$2,000 grant	<input type="checkbox"/>	Category B \$2,000 grant	<input type="checkbox"/>	Category D \$3,900 grant
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### Category A:

<input type="checkbox"/>	Client is eligible for a Category A wheelchair (part-time/full-time; dependent/independent)
<input type="checkbox"/>	Client agrees to a \$2,000 grant (subject to cost-share) towards a Category A or B chair on Alberta Aids to Daily Living Approved Product List W – Wheelchairs: Manual and Power
Explain why client does not want a Category A wheelchair through standard procedure (i.e. AADL-owned):	
Diagnosis:	

### Category B:

<input type="checkbox"/>	Client is eligible for a Category B wheelchair
<input type="checkbox"/>	Client is an independent fulltime wheelchair user
<input type="checkbox"/>	Client agrees to a \$2,000 grant (subject to cost share) towards a Category B or C chair on Alberta Aids to Daily Living Approved Product List W – Wheelchairs: Manual and Power
Explain why client does not want a Category B wheelchair through standard procedure (i.e. AADL-owned):	
Diagnosis:	

### Category D:

<input type="checkbox"/>	Client is eligible for a Category C wheelchair only
<input type="checkbox"/>	Client has non-progressive condition. Diagnosis:
<input type="checkbox"/>	Has risk of upper extremity overuse and injury
<input type="checkbox"/>	Client goes out into the community at least four days a week
<input type="checkbox"/>	Client does not have an AADL power wheelchair
<input type="checkbox"/>	Client does not have an AADL bed
Explain why client is requesting Category D chair:	

## Part 2: Declaration

- This declaration must be completed, signed, and uploaded with the authorization on the Alberta Blue Cross online health portal.
- If the client is unable to sign, an individual who may legally exercise the rights of the client under section 104(1) of the *Health Information Act* may sign this form for the client. The individual signing for the client must print their name, phone number and relationship to the client.

Declaration	
<input type="checkbox"/>	I understand that this declaration is individualized due to the nature of the “A” “B” or “D” upgrade category wheelchair request.
<input type="checkbox"/>	I understand I also need to sign the AADL Client Consent form giving consent to use my personal and health information.
<input type="checkbox"/>	I understand that I may be required to cost-share 25 per cent of the cost of the AADL grant to a maximum of \$500.

	I agree that I have discussed my specific wheelchair needs with my preferred vendor (including wheelchair type, specific measurements, home accessibility issues, and transportation plans).
	I understand that AADL will make a grant payment towards the purchase of this wheelchair, payable to the vendor on the service date.
	I understand that I will own this wheelchair.
	I understand that I am responsible for the care and maintenance of the wheelchair. AADL will not assist with the cost of repairs and part changes.
	I understand that by choosing this category "A" upgrade, "B" upgrade or "D" wheelchair that I will not be eligible for funding from AADL for another manual wheelchair for the next five years.
	I understand that by choosing this grant, I do not have access to the quantity and frequency review (QFR) appeal process.
	Pediatric client requires adult wheelchair as no pediatric wheelchair on the program meets the child's needs due to the following reasons:

<b>Client information</b>		
   <hr/>	   <hr/>	   <hr/>
<i>Full name (print)</i>	<i>Signature</i>	<i>Date</i>

<b>Individual signing for client (if client unable to sign)</b>		
   <hr/>	   <hr/>	   <hr/>
<i>Full name and relationship to client (print)</i>	<i>Signature</i>	<i>Date</i>

<b>Authorizer information</b>		
   <hr/>	   <hr/>	   <hr/>
<i>Full name and number (print)</i>	<i>Signature</i>	<i>Date</i>