

AADL Eligibility Summary Category A, B or D Grant 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 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

Check off grant type:

Category A grant

Category B grant

Category D grant

- 1. This form must be completed, signed and uploaded with the authorization on the Alberta Blue Cross online health portal.
- 2. If the client is unable to sign, please provide the name and phone number of the individual who is financially responsible for the client (legal guardian or trustee), and have that person sign the form.

| Agreement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I understand that this form is individualized due to the nature of the "A" "B" or "D" upgrade category wheelchair request. |
| I understand I need to sign the Client Consent form giving consent to use my personal and health information. |
| 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. |
| Pediatric client requires adult wheelchair, as no pediatric wheelchair on the program meets the child's needs due to the following reasons: |

| Client Information | | | |
|---------------------|------------------|------|--|
| | | | |
| | | | |
| Client name (print) | Client signature | Date | |

| Legal Guardian Information (if client unable to sign) | | | |
|-------------------------------------------------------|--------------------------|------|--|
| | | | |
| | | | |
| Legal Guardian name (print) | Legal Guardian signature | Date | |

| Authorizer Information | | | | |
|------------------------------------|----------------------|------|--|--|
| | | | | |
| | | | | |
| Authorizer name and number (print) | Authorizer signature | Date | | |