**Alberta Aids to Daily Living Program**

# Generic Specification Form Large Equipment

Fax to Eco Calgary 1-866-456-0759

Fax to Eco Edmonton 1-888-248-3974

## Client Information

| Client Name | Date of Birth | Client PHN | Date |
|---|---|---|---|
| | | | |

Delivered to: ☐ home ☐ facility ☐ home care office ☐ school

Delivery Address:

☐ cost share

☐ cost share exempt

client/contact phone number

## Authorizer Information

Authorizer name and Auth # | email | best phone number

Assessor name (if applicable) | email | best phone number

## Internal transfer, Palliative, Recycle Only

☐ Palliative ☐ Recycle only

☐ Internal transfer s/n _____

internal transfer: fill out make and model and add to comments below the previous client name, PHN and DOB

## Benefit Type (check)

☐ ceiling lift ☐ floor lift ☐ pediatric standing frame ☐ pediatric walker

(remember to order sling from client's preferred vendor)

## Preferred make and model (fill in)

| Catalog # | Make | Model |
|---|---|---|
| | | |

## Required features (fill in)

size (for pediatric equipment)

## Client measurements

client weight

## Options/ Comments

☐ other _____

_____