

Classification: Protected A (when completed)

Alberta Aids to Daily Living

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, Alberta T5J 0N3; Telephone: 780-427-0731; Fax 780-422-0968.

I understand and confirm, by my signature below (or that of a parent or legal guardian), the following:

1. I have received an iPad as a Speech Generating Communication Device (SGCD) that I will own;
2. the iPad is provided for my use for communication purposes and I agree to use it for the purpose for which it was intended;
3. I accept sole responsibility and liability for all activities that occur through the use of the iPad;
4. I have been advised to obtain personal insurance at my own expense to repair or replace the device if it is lost, stolen or damaged;
5. I am solely responsible for the care and maintenance of the iPad;
6. The AADL SGCD program will not assist with the cost of repair for the iPad;
7. By receiving this iPad, I will not be eligible for funding from the AADL SGCD program for a replacement SGCD for four (4) years.

Name/Model of Device _____

Serial Number _____

Accessories (please initial items)

Protective case

Speaker set

Communication app

Print Client's Name in Full
Signature

PHN

Client/parent/legal guardian

Authorizer/Service Centre

Date iPad Received