



Tel: (780) 427-0731 www.seniors.gov.ab.ca

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Alberta Aids to Daily Living (AADL)

**Wheelchair Authorization**

**TERMS AND CONDITIONS** on the back of this form must be read. After reading it, sign and check off one of the boxes at the bottom of this form.

This is to certify the property and/or services ordered/purchased hereby are being purchased by Alberta Seniors and Community Supports, which is part of the Alberta Crown or is listed as a tax-free Government of Alberta agency, and are therefore not subject to the Goods and Services Tax.

**Section 1 – General Information: Please fill out completely**

Client's Preferred Vendor (name and address)		Client Assessment Date Y Y   Y Y   M M   D D	Authorizer Number	Client Personal Health Number
Client Residence (use code on cover)	Cost Share <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applying for CSE	Primary Diagnosis (use code on cover)	Other Additional Diagnoses (Specify)	
Client Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Y Y   Y Y   M M   D D	
Mailing Address/Street Address		City/Town/Municipality	Postal Code T	
Delivery Address (if different than above)		Client Phone Number ( )         -		
Alternate Contact Name		Relationship to Client	Phone Number ( )         -	

**Section 2 – You must complete this section. Provide measurements or check ALL that apply for the above-named client**

Palliative  QFR  Parts Change Request  Seating Clinic  Internal Transfer  Client Mobility:  Dependent  100% Independent

**Client Weight:** \_\_\_\_\_  lbs.  kgs.    **Wheelchair Use:**  Part Time  Full Time    **Usage:**  Outdoors  Indoors    **Transfers:** Controlled?  Yes  No    **Transfer Type:**  Independent  Dependent

**Wheelchair Transportation:**  Private  Public (If public, an auto style seat belt will be ordered)  
Does client need to fit wheelchair into a vehicle?  Yes  No    If yes, will the client require quick release wheels?  Yes  No

Who lifts the wheelchair?  Client  Lift  Caregiver

**Trial:** Has the client trialed the Wheelchair?  Yes  No  
If no, have measurements been taken in the client's residence?  Yes  No (If no, explain why not in Section 5)

Wheelchair has been trialed in:  Residence  Entrance  Bathroom  Bedroom  Kitchen  Hallway    Other:  Work  School  Transportation

**Section 3 - Wheelchair Order – You must complete this section unless this is a Parts Change or Internal Transfer**

**AADL Catalog Number:** \_\_\_\_\_    **Comparable Substitute Acceptable:**  Yes  No (If no, you must explain why in Section 5)    **Recycle Only:**  Yes  No

Standard Plus (AADL Owned)     Upgrade (Client Owned)  
Is client aware of additional cost to them?  Yes  No    Is client aware of additional cost to them?  Yes  No

**Section 4 – Wheelchair Specifications – Specification Sheets are Attached?  Yes**

**Section 5 –  Clinical Information  Additional Information  Internal Transfer  Parts Change/Repair**

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**Section 6 - Authorizer Information**

Authorizer Name - Last	First	Authorizer Signature	Telephone Number ( )         -	Fax Number ( )         -
Assessor Name - Last	First	Assessor Signature	Telephone Number ( )         -	Fax Number ( )         -
Facility (name or ID Number)			RHA Number	

**Section 7 – AADL Office Use Only**

AADL Catalogue No.	Description	Vendor Number	Inventory Number	Serial Number	Amount

**Section 8 – Client Declaration**

- I have read and understand the Terms and Conditions on the back of this form.
  - I understand this Client Declaration must be completed and signed before any order can be placed.
- Note:** If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian, Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee). This individual is also required to sign and print their name on this form on behalf of the client.

Signature of Client / Individual for client	Name (Please PRINT)	Relationship to Client	Date	Phone Number (if not client)
				( )         -

Yes  No I consent to the use of my personal information for quality monitoring and program improvement, which may include telephone, mail, or web-based surveys. All personal information will be protected in accordance with the provisions in Alberta's Freedom of Information and Protection of Privacy Act.

## TERMS AND CONDITIONS

1. This declaration must be read and signed on the front of this form before any order can be placed. If this is not completed by the client, **this form will be returned to the Authorizer.**
2. If the client is unable to sign, please provide the name, phone number and signature of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian  
Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee).

## Client Declaration

I have reviewed my basic medical needs with an Authorizer. I understand that if I do not qualify for Cost-Share Exemption (CSE), I will be required to pay 25% of the cost of my authorized benefits, to a maximum of \$500 per family, per benefit year, and AADL will pay 75% of the authorized benefits. If I choose either the upgrade or Standard Plus Option, I am responsible for any extra costs. Upgrade costs are not included in the cost-share calculation.

Cost-share and any extra costs are:

- payable directly to the vendor
- not refundable

I agree and have reviewed my wheelchair needs (including type, measurements and accessibility to my home) with my Authorizer. I am willing to accept delivery of this wheelchair.

I understand that it is my responsibility to ensure that the wheelchair is properly maintained and cared for by an AADL authorized Vendor and that AADL will pay for some repairs on government-owned wheelchairs. AADL will not replace wheelchairs that are lost, stolen or damaged due to misuse, or modifications made without AADL prior approval. Private insurance is recommended for protection against loss of the wheelchair.

I understand that **RECYCLABLE WHEELCHAIRS** provided are the property of the Government of Alberta and are not for resale. Upgrade wheelchairs are owned by the client.

I agree to return the recyclable wheelchair to an AADL program vendor when:

- it is no longer needed; or
- it is replaced; or
- I am no longer a resident of Alberta

**This authorization form is subject to client eligibility, frequency and quantity limits as determined by AADL's policies and procedures.**

## Collection of Personal Information

Alberta Aids to Daily Living (AADL) collects, uses and discloses personal information in accordance with sections 33(c), 34(1)(a)(i) and (k)(i) and (ii), and 39(1)(a) and (b) and 40(1)(c) and (l) of Alberta's Freedom of Information and Protection of Privacy Act (the Act).

I understand that my personal information, including information about my health, is required to verify my eligibility for AADL program benefit(s), to arrange for benefit(s) to be provided to me and to enable AADL to bill for the benefit(s).

I consent to having information required for the above purpose sent by a health professional, authorized by AADL, to AADL and to a vendor of AADL benefit(s), for the provision and billing of the benefit(s). The information may be sent either by mail or electronically.

I understand that if I have any concern regarding this collection of personal information, I should contact the Information & Training Coordinator, AADL, Seniors & Community Supports, at (780) 427-0731 or 2nd floor, South Tower, Capital Health Centre, 10030-107 Street, Edmonton, Alberta, T5J 3E4.

✓ Please check off the Yes or No box on the bottom of the front of this form.

If the client is unable to check off the box, the individual signing on behalf of the client must do so.