

## CATEGORY "D" WHEELCHAIR

### CLIENT DECLARATION

Instructions:

1. This declaration must be completed, signed, attached to the specification sheets and forwarded to AADL before any "D" wheelchair order can be placed.
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 declaration.
  - a) I understand that this declaration is individualized due to the nature of the "D" category wheelchair request.
  - b) I understand that this declaration supersedes the one printed on the back of the AADL 1251 authorization form.
  - c) I understand that I may have to cost share 25% of the cost of the AADL grant to a maximum of \$500.
  - d) I agree that I have reviewed my wheelchair needs and eligibility with my authorizer.
  - e) 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).
  - f) I understand that AADL will make a grant payment towards the purchase of this wheelchair, payable to the vendor on the service date.
  - g) I understand that I will own this wheelchair.
  - h) 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) I understand that by choosing this category "D" wheelchair that I will not be eligible for funding from AADL for another manual wheelchair for the next six years.

I understand that the purpose for the collection of personal information is to verify the eligibility of an individual who is receiving a benefit, to update the AADL records and to forward information to vendors for billing purposes. I understand the conditions above and what is being ordered on my behalf.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Legal Guardian/Trustee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have a concern regarding the collection of personal information, please contact AADL and speak with our FOIP representative.

AADL address: 10<sup>th</sup> Floor, Milner Building, 10040 104 Street, Edmonton, AB T5J 0Z2  
Phone (780) 427-0731

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