

Alberta Aids to Daily Living (AADL) Change of Vendor Request Form

Please complete the following information and mail or fax to AADL:

I, _____ wish to change
(First and Last Name, and Personal Healthcare Number (PHN))

my vendor from _____ to _____
starting _____ for _____
(Product)

My new vendor number is _____
(Vendor will provide).

If AADL has any questions or concerns I can be reached at

(Provide phone number with area code).

If the client cannot sign the Change of Vendor Request form, the individual who is financially responsible for the client must sign on their behalf. If the client is a Minor, their Parent or Legal Guardian must sign. If the client is an adult, their Informal Trustee, Enduring Power of Attorney or Legal Trustee must sign.

If this is the case, the individual financially responsible for the client 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)/ Relation to Client

Date

Phone Number (If not client)

The personal information provided on this form is collected under the authority of the *Alberta Aids to Daily Living and Extended Health Benefits Regulation* and the *Freedom of Information and Protection of Privacy (FOIP) Act (RSA 2000)* and will be managed in accordance with the *FOIP Act*. The information will be used for the purpose of administering the Alberta Aids to Daily Living Program. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program, Health Related Supports, Alberta Seniors and Community Supports, 10th Floor, Milner Building, 10040 – 104 Street, Edmonton, Alberta, T5J 0Z2. Telephone (toll-free in Alberta): 310-0000, then 780-427-0731 when prompted or 780-427-0731; Fax: 780-422-0968.