Ontario

Ministry of Health

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5

Power Dynamic Positioning Devices - Justification for Funding Chart

Authorizer Assessment Date (yyyy/mm/dd)

Applicant's Information

Last Name	First Name	Health Card Number (10 digits)	Version

Report of Objective Findings - Justification for Power Tilt, Power Recline and/or Power Elevating Leg Rests

Description of Trial Equipment Set-Up	Skin Integrity (Tissue Trauma)	Respiratory Function	Positioning (Postural Alignment)	Maximum Sitting Tolerance (specify time)	Level of Independent Mobility	Lower Extremity Edema	Caregiver Availability & Requirements

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