Ontario

Ministry of Health

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5
Tel: 416 327-8804
Toll-Free: 1 800 268-6021
Fax: 416 327-8192

Statement of Support for Device Listing

Wheelchairs, Positioning and Ambulation Aids

Section 1 – Device

Name of the device	Model
Name of Manufacturer	Name of Distributor

Section 2 – Company Information

Name of Company

Name of Contact (First name, Last name)	Telephone Number ext.	Fax Number

Address

Unit Number	Street Number	Street Name		
Lot/Concession/Rural Route		City/Town	Province ON	Postal Code

I have seen a demonstration of this device.

☐Yes ☐No

It appears that it would be useful to some of my clients.

☐Yes ☐No

Useful features

Is this device similar to others covered by Assistive Devices Program (ADP)?

☐Yes, please identify product equivalent category or specific products.

☐No, please indicate reason(s) for dissimilarity.

Authorizer's First Name		Authorizer's Last Name	
Telephone Number ext.	Fax Number	ADP Authorizer number	Date (yyyy/mm/dd)

Please Note:

This form is intended to identify potential products for ADP funding.

It does not constitute an endorsement of the product.

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