Alberta Aids to Daily Living (AADL) Program

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the Health Information Act, sections 33 and 34 of the Freedom of Information and Protection of Privacy Act (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations for the purpose of obtaining an AADL benefit. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at 10th Floor Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2; Telephone: 780-427-0731, Fax: 780-422-0968.

Please send to: AADL Program Manager, Alberta Aids to Daily Living Program. See contact information on the AADL Website: http://www.health.alberta.ca/services/AADL-contact.html

Requester Information:

Contact Name: __________________________________________________________________________

Facility Name: __________________________________________________________________________

Telephone Number: __________________________________________________________________________

Additional Information: (Items with  MUST be completed)

 Is there a similar item on the schedule?

Yes ☐ Cat# _________________________ 

No ☐ 

 Why should this item be added?

____________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

 Manufacturer and Item Number ____________________________________________________________

 Manufacturer’s cost: ______________________________________________________________

 Invoice from manufacturer, or photocopy from price list. ☐ Attached

Description of item on Schedule if approved for addition:

___________________________________________________________________________________________

Time to order/fit/train in use: ________________________________________________________________

How long has it been available? ______________________________________________________________

 Estimated longevity/quantity per year: _______________________________________________________

 Warranty information: _____________________________________________________________________

Please attach any manufacturer’s pamphlets, or any further product information. (E.g., Warranty, studies, and instructions)