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Alberta Aids to Daily Living Program

The personal information provided on this form is collected under the authority of the Public Health Act and the Alberta Aids to Daily Living and Extended Health Benefits Regulation and managed in accordance with the Freedom of Information and Protection of Privacy Act. The information will be used to determine eligibility for any requested items. If you have any questions about the collection of this information, contact the Alberta Aids to Daily Living Program, Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3, Telephone: 780-427-0731 Fax: 780-422-0968.

This form is used to request supplies in advance when leaving the province for an extended period of time. The request must be submitted at least one month prior to departure. Full month supplies only are provided regardless of return date. All sections and questions must be completed.

Section 1: Client Information

Client Name (Last)	(First)	Personal Health Care Number	Date of Birth
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Section 2: Description

Details of out of province travel:		Number at which you can be contacted while away: _____
Travel dates: from: _____ to: _____		
Destination: _____		

Section 3: Type and quantity of supplies:

List items under the type of supply.

Catheter Supplies	Ostomy Supplies
_____	_____
_____	_____
_____	_____

Section 4: Declaration

I understand and agree to the following:

- I will maintain my Alberta Health Care and Alberta residence while out of province.
Note: You are required to contact AHCIP if you are planning to leave the province for more than 182 days during the year.
- I will obtain the advance quantity of supplies before leaving the province.
Note: AADL vendors are not permitted to ship products to clients out of province.
- I will notify AADL of any unexpected changes in travel dates or residency within ten (10) days.

Name of client or individual financially responsible for client: _____

Signature: _____ Date: _____