AADL Eligibility Summary for Manual Wheelchair Benefits

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 Disability Supports Division, 10040 - 104 Street NW, Edmonton, Alberta, T5J 0Z2, Telephone: 780-427-0731 Fax: 780-422-0968.

This form must be completed and attached to the client’s Authorization Form (1251) to confirm client eligibility for funding assistance from Alberta Aids to Daily Living (AADL).

<table>
<thead>
<tr>
<th>1251 Form Number:</th>
<th>Circle the Wheelchair Category that the client is eligible for:</th>
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<tbody>
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<td>Adult</td>
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<td>Pediatric</td>
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Check all that apply:

- ☐ A comprehensive seating assessment, such as the AADL Seating Assessment form, has been completed and a copy kept on the client’s file.

- ☐ The client’s weight has been stable for minimum 3 months

- ☐ Confirmed client is not eligible for primary funding through WCB, Private Insurance, NIHB or Veterans Affairs.

- ☐ Client has or is applying for a power wheelchair.

- ☐ Ordering Tilt in Space (T) Wheelchair.

Additional clinical justification for wheelchair category choice - check all that apply:

- ☐ Impaired upper extremity strength (grade 3 or less)
- ☐ High risk of upper extremity injury due to upper extremity impairment or injury
- ☐ Independent wheelchair propeller
- ☐ Client goes out in community in wheelchair independently a minimum of 4/7 days per week
- ☐ Client uses wheelchair indoors and outdoors
- ☐ Child meets Category A eligibility, however requires Category B to accommodate Speech Generating Communication Device (SGCD) mounting. SGCD mounting must be prior approved.
- ☐ Pediatric requires Adult wheelchair as no pediatric wheelchair on the program meets the child’s needs due to the following reasons:

Check off all options that are being ordered – check all that apply:

- ☐ One arm drive
- ☐ Grade Aids
- ☐ Recline
- ☐ Elevating legrests
- ☐ Angle adjustable footplates
- ☐ Limited upper extremity strength to propel up incline
- ☐ Limited ROM in ankles
- ☐ Limited ROM in hip(s)
- ☐ Is dependent on trach care
- ☐ Limited ROM in knees
- ☐ Self catheterizes

Authorizer Information:

Authorizer Name (Print) ____________________________ Authorizer Signature ____________________________ Date ________________

* Please note: for Seating Benefits, the AADL Seating Assessment form must be attached to 1250 Authorization form.