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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult</td>
</tr>
<tr>
<td></td>
<td>Pediatric</td>
</tr>
</tbody>
</table>

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
- [ ] Recline
- [ ] Angle adjustable footplates
- [ ] Grade Aids
- [ ] Elevating legrests

Additional clinical justification for options selected above – check all that apply:

- [ ] Impaired unilateral upper extremity strength, unable to propel wheelchair
- [ ] Limited upper extremity strength to propel up incline
- [ ] Limited ROM in ankles
- [ ] Limited ROM in knees
- [ ] Limited ROM in hip(s)
- [ ] Self catheterizes
- [ ] Is dependent on trach care

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.

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