



OFCP ASSISTIVE DEVICES FUNDING PROGRAM APPROVED LIST OF EQUIPMENT FOR FUNDING

Category	Communication & Writing/Reading Aids	Orthotic Devices	Wheelchairs, Positioning and Ambulation Aids	Home Accessibility Aids	Bathing & Washroom Aids	Modifications to Electronic Aids for Daily Living
Item	<p>Communication Boards</p> <p>Mounting Systems</p> <p>Computerized Communication Devices</p> <p>Writing Aids</p> <p>Augmentative Communication Equipment - Leased</p>	<p>Custom Standers/Standing frames</p> <p>Custom made leg and Spinal Braces (knee, ankle, foot orthosis)</p>	<p>Manual wheelchairs, power wheelchairs and electric scooters</p> <p>Positioning Devices (cushions, back and head supports)</p> <p>Specialized canes (tripod, quad) and forearm crutches</p> <p>Wheeled walkers</p> <p>Specialized pediatric walkers, strollers, standers</p> <p>Car Seats</p>	<p>Porch Lifts</p> <p>Ramps and building materials (lumber)</p> <p>Stair glides/stair lift</p> <p>Track lift, ceiling lift</p> <p>Portable lifts</p> <p>Hospital Beds</p> <p>Elevator</p>	<p>Bath bars and grips</p> <p>Bath chairs and seats</p> <p>Commode Chairs</p> <p>Shower Chairs</p> <p>Transfer Aids in bathroom</p>	<p>Modifications to facilitate the use of items such as:</p> <p>Lights</p> <p>Door Openers</p> <p>Cell Phones</p> <p>iPad / iPod / Tablet</p> <p>Bed controls</p> <p>Telephones</p>
Criteria	<p>ADP Approval</p> <p>Health Professional current authorization rationale letter indicating need for equipment</p> <p>Authorized by an authorized communication clinic</p>	<p>ADP approval</p> <p>Health Professional current authorization rationale letter indicating need for equipment</p>	<p>ADP approval(Except for Car Seats)</p> <p>Health Professional current authorization rationale letter indicating need for equipment</p>	<p>No ADP Approval Required</p> <p>Health Professional current authorization rationale letter indicating need for equipment</p> <p>Two current quotes preferred (excluding labour/installation)</p> <p>Ramps require building permits</p> <p>For primary residence only</p>	<p>No ADP Approval Required</p> <p>Health Professional current authorization rationale letter indicating need for equipment</p> <p>Two current quotes preferred (excluding labour/installation)</p> <p>For primary residence only</p>	<p>No ADP Approval Required</p> <p>Health Professional current authorization rationale letter indicating need for equipment</p> <p>Current quote</p> <p>For primary residence only</p>

Purchased Items - One piece of equipment every two years up to \$2,000.00 per item per application. **Leased Items** - Annual Maximum up to \$200.00 per year per person not to exceed 25% of the leased item. Installation, labour assessment, restocking fees and delivery costs are not funded.

Home renovations and vehicle modifications are not funded.

Based on Availability of Funds - Funding and Items Funded Subject to Change