

ASSISTIVE DEVICES FUNDING PROGRAM

ADP APPROVAL CONFIRMATION SHEET

Please have your prescribing Health Professional (Occupational or Physiotherapist) complete this sheet if the item you are requesting funding for has been approved by the **Assistive Devices Program (ADP), Ministry of Health and Long-Term Care.**

NAME OF APPLICANT: _____

EQUIPMENT REQUESTED: _____

PURCHASE COST OF EQUIPMENT: _____

AMOUNT APPROVED: _____

DATE APPROVED: _____

EXPIRY DATE OF APPROVAL: _____

Signature of Health Professional: _____

Date: _____

*Please include this sheet with the OFCP Assistive Devices
Funding Program Application Form*