

CLIENT NAME:

DATE OF BIRTH:

E NUMBER:

Main Number ● All Sites ● 905-855-2690

What Happens After Purchase?

_____ was prescribed the following communication equipment on
(Client's name)

(Date of therapist's signature on ADP form)

Equipment	Serial #	Specs/Settings

(Equipment list may be attached.)

- **He/she will be discharged from ADRS on _____ (Discharge Date).** You are eligible for up to 2 sessions with ADRS within every 12 month period following your Discharge Date until age 19.
- Sessions may be provided at home. Family must be present if sessions occur at school.
- If support is needed, please review the 'Frequently Asked Questions' sheet first.
- Please make a back-up of user files prior to any ADRS service.

***With normal use, devices prescribed with ADP funding are expected to remain in good repair for the duration of the designated funding period (5 years for most device categories). In addition, it is important to note that ADP does not automatically provide funding towards a new device at the end of the designated funding period.*

Your ADRS Contact Person: _____ 905-855-2690 X _____
CTF name)

or ADRS Clinic Lead at 905-855-2690 ext. 2457.

Signature of Client/Legal Guardian

Date

ORIGINAL: ADRS Equipment Chart CC: WORKING CHART FAMILY OTHER (Specify)