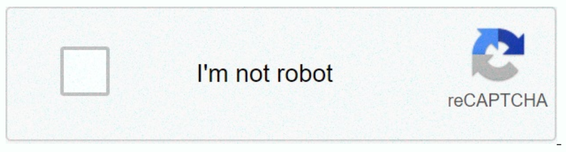


I'm not robot!

Odsp mandatory special necessities benefit request form pdf

Odsp basic needs allowance. Basic needs for odsp. Odsp personal needs allowance. Odsp basic needs amount.

In addition to amounts payable monthly for income support, ODSP recipients may also be eligible to receive other benefits and supports. ODSP recipients may also be eligible to receive incontinence supplies such as adult diapers, absorbent underwear, pads, underpads and wipes free of charge.To be covered for these items, ask your ODSP caseworker for a Mandatory Special Necessities benefit request form. Simply have your doctor complete the form and return to your caseworker for approval.Once approved, you can order your products from an approved Ontario vendor who will bill ODSP (the Ministry of Community and Social Services) directly with no out-of-pocket expenses to you. In addition, ODSP recipients may also be eligible to receive funding towards liquid nutrition products, special diet items, nutritional substitutions. Depending on your medical condition or need for special diet products, you can receive up to $250 monthly from the provincial government. Contact ODSP or your assigned caseworker for more information on how to apply and what benefits you may be eligible to recieve. ODSP recipients may also be eligible to receive medical supplies and transportation to and from medical appointments such as the family doctor, optometrist or dentist where these costs exceed $15 per month.To be covered for these items, ask your ODSP caseworker for a Mandatory Special Necessities benefit request form. Simply have your doctor complete the form and return to your caseworker for approval. If you are receiving Ontario Disability Support Program Income Support, a drug card will be mailed to you each month with your cheque or statement. You can use this card for prescription drugs in the following month at your local pharmacy.
The card lists the names of all family members who are eligible for drug coverage.Note that only drugs listed in the Ontario Drug Formulary that are prescribed by a doctor are eligible. If you receive Ontario Disability Support Program Income Support and have any children who are 17 years and under, they will be automatically enrolled in Healthy Smiles Ontario.Each child will receive a dental card to be shown as proof of eligibility to get dental services under the program.You and your spouse (18 years and over) may be able to get coverage for basic dental services and additional services if your disability, prescribed medications or prescribed treatment affects your oral health. A dental card will be mailed to you each month with your monthly cheque or statement.


Mail application, supporting document(s), and the statutory filing fee of $45.00 to the address below. This fee does not include the cost o f a certified copy of the record after the amendment is filed. Please enclose additional fee of $55.00 for the first copy of the amendment certificate requested, and $3.00 for each additional copy.

Texas Vital Statistics Department of State Health Services
P.O. BOX 13040 Austin, Texas 78711-3040

APPLICATION TO AMEND CERTIFICATE OF DEATH

Please type or print. NO.

NAME: _____ (LAST) (FIRST) (MIDDLE)
STREET ADDRESS: _____ (DAYTIME PHONE ( ))
CITY _____ STATE_____ ZIP ____
SIGNATURE _____

PART I. ENTER NAME, DATE AND PLACE OF DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON DEATH CERTIFICATE.

1. FULL NAME OF DECEASED		2. DATE OF DEATH
3. PLACE OF DEATH (City or County)	4. SEX	5. STATE OR LOCAL FILE NO. (If Known)
6. FULL NAME OF FATHER		7. FULL MAIDEN NAME OF MOTHER

PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED.

8. ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

AFFIDAVIT OF PERSONAL KNOWLEDGE

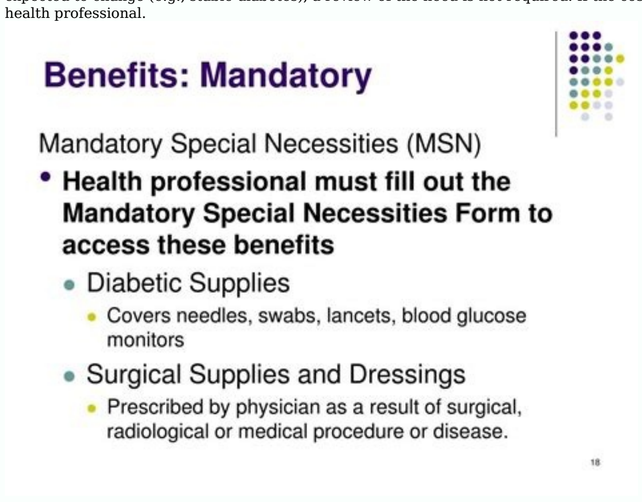
PART III. THIS SECTION MUST BE SIGNED BY THE INFORMANT, PHYSICIAN, OR FUNERAL DIRECTOR WHO SIGNED THE ORIGINAL DEATH CERTIFICATE. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF TEXAS, COUNTY OF _____
Before me on this day appeared _____ (Name of Affiant)
now residing at _____ (Street Address) _____ (City)
_____, who is related to the deceased named in Item 1 above as _____ (State) (Relation)
and who on oath deposes and says that the death certificate identified in Part I is in error with respect to the entries shown in Item 3 above and that the information shown in Item 10 is true and correct.
Signature _____
Sworn to and subscribed before me, this day of _____, 20 _____
(Signature of Notary Public)
PART IV. LIST OF DOCUMENTS SUBMITTED WITH THIS APPLICATION. (Use Parts V and VI on reverse side.) (Commission Expires)

OFFICE USE ONLY
(Typed or Printed Name)
(Street Address)
(City and State)

WARNING: THIS IS A GOVERNMENTAL DOCUMENT. TEXAS PENAL CODE, SECTION 37.10, SPECIFIES PENALTIES FOR MAKING FALSE ENTRIES OR PROVIDING FALSE INFORMATION IN THIS DOCUMENT.
VS-172 - Rev 05/2000

You can use this card for dental care services in the following month simply by presenting it to your dentist. The card lists your name and your spouse's name (if applicable). Many vision care services are already covered by the Ontario Health Insurance Plan (OHIP). OHIP covers annual eye examinations for patients under 20 years of age and patients 65 years of age or older and major eye examinations for all patients with medical conditions that affect the eye such as infections or diseases.The ODSP Vision Care Benefit provides routine eye examinations (once every two years) for you and your family if coverage under OHIP is not available, assistance with the cost of prescription eyeglasses (once every three years) for you, your spouse and your children under 18 years of age, assistance with the cost of eyeglass repairs for you, your spouse and your children 18 years of age.To get assistance with the cost of prescription eyeglasses, contact your local Ontario Disability Support Program office and ask for a Vision Care benefit authorization form. Take this form to your optometrist or optician and ask them to fill it in when you get glasses, frames or repairs. July 2022Summary of legislationThe costs of the following items can be covered for members of the benefit unit as Mandatory Special Necessities (MSN) if not otherwise covered or reimbursed:diabetic suppliessurgical supplies and dressingstransportation reasonably required for medical treatment, if the cost of that transportation in the month exceeds $15The costs may be covered by:adding the amount for the items to the monthly income support paymentusing pay direct, whereby the recipient receives the items or services from a third party and the third party invoices the local ODSP office for the amount for the items or servicesLegislative authoritySections 21(2)3 of the Ontario Disability Support Program Act, 1997Section 44(1)1.iii and iii.1 of the Ontario Disability Support Program RegulationSummary of directiveThe MSN benefit covers the costs of the following items and services:diabetic suppliessurgical supplies and dressingstransportation reasonably required for medical treatment which exceeds $15 in a monthThe cost of the item must not be otherwise reimbursed or subject to reimbursement from any other source.Intent of policyTo ensure that ODSP recipients receive diabetic supplies, surgical supplies and dressings, and transportation reasonably required for medical treatment, where they are not available from any other source.Application of policyEligibilityThe MSN benefit is available to all members of the ODSP benefit unit, including dependent adults.Diabetic suppliesDiabetic supplies include needles and syringes, alcohol swabs, platforms, lancets, blood glucose monitors and insulin pump supplies. Insulin and test strips are covered under the Ontario Drug Benefit (ODB).The diabetic and surgical supply cost schedule is used to assist staff in determining the appropriate benefit amount for these items. However, actual costs should be covered based on receipts.Diabetes Canada, Ontario Division’s "Monitoring for Health" program can provide coverage of lancets and blood glucose monitors for insulin-dependent clients (using injections). The central toll-free telephone number for Diabetes Canada is 1-800-361-0796.Diabetes Canada provides funding for 75% of the cost of testing strips and lancets (up to an annual limit of $920), only for persons who are insulin-dependent (using injections). The balance of the cost is an approvable MSN item.Coverage for different types of blood glucose monitors is as follows:traditional blood-glucose monitorsintermittently scanned Continuous Glucose Monitors (isCGMs) — formerly referred to as Flash Glucose Monitors (FGMs)real-time Continuous Glucose Monitors (rtCGMs)Diabetes Canada provides funding on a reimbursement basis for the cost of a blood glucose monitor (used for monitoring blood sugar levels). Diabetes Canada will provide the lesser of 75% of the value or $75, once every five years, only for persons who are insulin dependent. The balance of the cost is an approvable MSN item if not covered by another source.For people who are not insulin dependent (not using injections) the full cost of a traditional blood glucose monitor is an approvable item if not covered by another source, based on a completed MSN benefit request form, subject to a limit of $54.Note: Only models of blood glucose monitors whose test strips are covered under the ODB will be approved. Vendors can verify which test strips are covered by the ODB.The ODB provides funding for isCGMs and the Ministry of Health’s (MOH) Assistive Devices Program (ADP) provides funding for real-time Continuous Glucose Monitors (rtCGMs) and its related supplies (i.e., sensors and transmitters).Surgical supplies and dressingsFor ODSP purposes, surgical supplies and dressings are supplies prescribed by a licensed Ontario physician that are required as a direct result of a surgical, radiological or medical procedure or disease.Persons recovering from surgery should first seek coverage for surgical supplies from their local Community Care Access Centre before seeking coverage from ODSP.Persons requesting assistance for ostomy supplies must provide verification that they have applied for the yearly grant of $1,300 from ADP, payable in two instalments. Funding for costs greater than $1,300 is allowable. Information about the ostomy grant is available at 1-800-268-6021.The Easter Seals Society Ontario delivers an incontinence supply program for families of children with severe disabilities where the disability results in chronic incontinence.Under the Easter Seals program, children (aged 3-5) are eligible for $400 and children (aged 6-17) are eligible for $900 in incontinence supplies, in two semi-annual instalments. Applicants should contact Easter Seals at 1-888-377-5437. Dependent children are eligible through the MSN Surgical Supplies and Dressings category for the amount above that which is provided by the Easter Seals program.Supplies for a Continuous Positive Airway Pressure (CPAP) machine are also covered (tubing, masks, water chamber, distilled water, filters).TransportationTravel and transportation costs are paid when the costs exceed $15 per benefit unit in a given month, and the travel meets the criteria of one of the three components outlined below. In order to receive transportation costs (except in emergencies) an MSN Benefit Request form must be completed.The approved costs should be based on the most economical mode of transportation that the approved health professional indicates a person’s condition enables him/her to use.There are three components in the MSN travel benefit that describe when costs for travel and transportation can be provided.1. Professionals designated under the Regulated Health Professions Act, 1991 (RHPA)The MSN travel and transportation benefit is available to recipients who incur transportation costs to or from any therapy or treatment provided by a professional designated under the RHPA.The professionals governed by the RHPA are:physiciansnursespsychologistspsychotherapistsphysiotherapistsdietitiansdentistsdental hygienistsdental technologistsdenturistschiropractorsmidwivesoptometristsopticianspharmacistskinesiologistschiropodists & podiatristsaudiologists & speech-language pathologistsmassage therapistsoccupational therapistsrespiratory therapistsmedical laboratory technologistsmedical radiation technologistshomeopathstraditional Chinese medicine practitionersnaturopaths2. Alcohol and drug recovery groupsThe costs of transportation to attend drug and alcohol recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous) are covered, provided the recipient’s physician or psychologist has prescribed it, and the program is available locally.3. Mental health therapy and mental health counsellingThe costs of travel to mental health therapy/mental health counselling is covered provided that the treatment has been prescribed by a psychiatrist, other physician or psychologist and the program is provided under the supervision of a psychiatrist, other physician or psychologist.To "prescribe" a program means that the psychiatrist, other physician or psychologist has provided a clear indication that the program is part of the client’s medical treatment or therapy.The program or activity must be under the supervision of a psychiatrist, other physician or psychologist, andthe activity or program is administered and adapted to individual participants by qualified mental health caseworkers andthe mental health caseworkers are supervised by the psychiatrist, other physician or psychologistCoverage will continue for recipients who were receiving transportation costs to attend day programs or other activities on September 30, 1999, for as long as the person attends the program. New requests for transportation costs to attend day programs are not eligible, unless the request meets one of the three components listed above.The following chart outlines the amounts that ODSP will pay for different modes of transportation:Mode of transportationCoverage availablePublic transportationThe lesser of the cost of all return trips per month or the cost of a monthly transit passPrivate vehicle40¢ per kilometer/41¢ in the North and North East Regions. Parking costs are covered with receiptsAgency driverAgency fee or 40¢ cents per kilometer/41¢ in the North and North East Regions where there is no established feeTaxiReturn trip fare door to door*AmbulanceScheduled travel by ambulance*Not waiting for customer during appointment. However, in regions where distances are great (e.g., the north or rural areas), it may be less expensive for a taxi to wait rather than to make a return trip. In this case, the waiting fee should be paid. In areas where distances are short (e.g., cities and towns), it is generally less expensive for a recipient to order a taxi for a return trip.Emergency travelSome ODSP recipients may require emergency medical treatment and request reimbursement for transportation expenses that were not approved in advance. Emergency costs can be covered based on receipts. A note from the recipient requesting reimbursement and specifying the destination and the mileage incurred is also acceptable; however, receipts (e.g., parking receipt) should also be included if available. Where the recipient is requesting reimbursement, they should be asked if they will require regular appointments. If so, an MSN request form should be completed by the approved health professional and upfront verification would apply as in all other cases.Out of town travel and out of country travelOut of town travelOut of town travel may be approved when necessary to receive treatment or therapy provided by a professional designated under the RHPA. (These professionals are listed on page 4 and 5.) This may include overnight stays en route for long trips or during treatment that lasts for more than one day. Where appropriate, travel across a provincial border may be covered. (i.e., Manitoba and Quebec).Out of country travelIf out of country travel is necessary for treatment or therapy, travel and transportation costs can only be covered when OHIP is covering the costs of the treatment. A letter from the Ministry of Health and Long-Term Care is required to document OHIP coverage.Mode of transportation, meals and attendantsWith any approved travel, the most economical mode of transportation that the approved health professional indicates a person can use, should be used. The most economical accommodation should be used when overnight stays are required for a person to receive necessary medical services. Costs for meals while travelling are allowed in appropriate circumstances.
Meal allowances should not exceed $5.00 for breakfast, $8.00 for lunch and $15.00 for dinner (daily total $28.00). Alcoholic beverages are not covered.If the traveller needs someone to accompany them (e.g., to provide physical or attendant care, assistance with disembarking, etc.), an attendant’s travel costs may be covered where an approved health professional specifies that it is necessary for someone to accompany the recipient. Many carriers allow attendants to travel for free or at reduced rates. Only the balance of travel costs, plus meals are to be covered. Attendants are required to share accommodation on overnight stays.Northern Ontario residentsNorthern Ontario residents must apply for the Ministry of Health and Long-Term Care’s Northern Health Travel Grant (NHTG) Program for health-related travel expenses. Prior to travel, the traveller will need to have the referring health care professional complete the required sections of the NHTG application form and return the application to the ODSP office.After the trip is completed, the NHTG application form, completed in full by the medical specialist or the health care facility service provider, along with the original receipts for the travel costs incurred, must be submitted to the ODSP office. If the NHTG application form and original receipts are not returned to the local office, an overpayment may be applied.MSN Benefit Request FormThe Mandatory Special Necessities Benefit Request Form (2957) should be given to recipients requesting MSN for the first time and at the time of any subsequent renewal.The form captures all information necessary to determine eligibility, determine the benefit amount, and establish the approval period.The MSN benefit is paid commencing the date that the completed Mandatory Special Necessities Request Form is received by the ODSP office with the exception of emergency travel noted above.Who can complete the form:Type of benefit Eligible professionalMedical transportationPhysician, nurse in the extended class, psychologist (for addiction related treatment only)Diabetic suppliesPhysician, nurse in the extended class, registered nurse (where a physician has identified the need)Surgical supplies and dressingsPhysician, nurse in the extended class, registered nurse (where a physician has identified the need), enterostomal therapist (where physician has identified the need)Note: Where sections of the form relating to diabetic supplies or surgical supplies and dressings are being completed by a Registered Nurse or Enterostomal Therapist, the box indicating that the need has been prescribed by a physician must be checked in order for a benefit to be approved.Cost schedule – diabetic and surgical suppliesA diabetic and surgical supply cost schedule (see Appendix A) is available to ODSP staff to help determine the amount to be paid for these items. This schedule is not exhaustive. Other items can be covered if they meet the definition of surgical supplies, are prescribed by an approved health professional, and are listed in the "other" box on the MSN Benefit Request Form.The schedule reflects average costs for the most commonly prescribed supplies. If actual costs exceed the amounts set out in the schedule, the higher actual cost should be paid based on written estimates or receipts provided by the recipient. It is not necessary to request estimates/receipts each month. The estimate/receipt is only used to establish/verify a cost that exceeds the amount set out in the schedule.WorksheetAn MSN worksheet (Form 2968) is also available to ODSP staff to assist them in determining the appropriate monthly MSN benefit amount for each category.Covering the costs of approved items or servicesAdding the amount for the item(s) or service(s) to the monthly income support paymentTo cover the costs of items or services under the MSN benefit the amount for the items or services may be added to a recipient’s monthly income support payment.Pay directTo determine whether a pay direct arrangement should be implemented for a recipient, the following factors should be considered:the recipient has indicated a need for assistance with the payment of his or her MSN benefit(s)the amount for the item(s) or service(s) is highA decision to use a pay direct approach is not appealable to the Social Benefits Tribunal.Approval periods and review datesPrinciplesMSN approval periods should be tied to the duration of need identified by the approved health professional.Where a private vehicle is used for medical transportation, the recipient should provide an estimate of the mileage for a return trip to the identified appointment. ODSP staff can assist the recipient in estimating the mileage. Where other means of transportation are required (e.g., taxi, ambulance), the recipient should submit a written estimate for the cost of return trips.If the costs of supplies or transportation exceed the approved amount, the benefit amount can be adjusted based on one time verification through an estimate or receipt. It is not necessary to request estimates/receipts each month.Permanent needWhere the need identified by the approved health professional is permanent and requirements are not expected to change (e.g., stable diabetes), a review of the need is not required. If the costs exceed the schedule, the actual amounts can be paid based on one time verification.Changing needWhere the approved health professional indicates that the needs are expected to change, the benefit is approved for the duration identified by the approved health professional.



A review is needed prior to the expiry of the benefit. Staff must ensure that the recipient is provided with the "Mandatory Special Necessities Benefit Request Form" 60 days prior to the benefit expiry date.At the time of review, if the need has changed, a new benefit amount will be determined for the next approval period, based on the need and duration identified by the approved health professional.Time Limited NeedWhere the approved health professional indicates that the need is time limited (e.g., six months transportation to physiotherapy for a broken leg), no review is needed nor is a new form to be issued at the end of the benefit period.Recipients transferring from Ontario WorksSome Ontario Works participants will be granted ODSP while receiving Ontario Works Mandatory Benefits for medical transportation, diabetic supplies and surgical supplies/dressings. Eligible costs should continue to be paid without interruption until the Ontario Works benefit expiration date if:All appropriate documentation is provided (i.e., doctor’s prescription, review date; verification of costs must also be provided for transportation and where diabetic/surgical supply costs exceed the ODSP schedule)The item would be approved under ODSP MSN benefitsOntario Works participants who are granted ODSP while receiving Ontario Works Mandatory Benefits (that would be approved under ODSP) for a documented life- long condition, in which the level of need is not expected to change, do not require a review, as long as documentation standards are met and the funds are sufficient to meet the recipient’s needs.If costs exceed the ODSP schedule amount during the approved period, the benefit can be adjusted based on one time verification through an estimate/receipt. It is not necessary to request estimates/receipts each month.Where requests are not approvedRecipients must be notified in writing of a decision not to approve MSN benefits. Internal reviews and appeal provisions apply.Retroactive payments based on reconciliation of costsWith the exception of meal allowances, MSN pays for the actual cost of the travel/transportation and supplies specified on the MSN form. In some cases, actual costs will exceed the amounts originally approved. In these cases, a reconciliation should take place based on verification of the actual expenses incurred. Payment for the difference in costs can be made retroactive to the date the completed MSN form was received by the ODSP office.Related directives9.6 — Assistive devices9.10 — Extended Health BenefitBulletins09-99 010-99020-2000 010-200207-2005Appendix AOntario Disability Support Program Diabetic and surgical supply scheduleNote: The following schedule is not exhaustive. Additional or alternative items may be prescribed based on a recipient’s specific circumstances and indicated in the “other” box on the MSN Benefit Request form. This chart reflects an estimate of costs for many commonly prescribed supplies and is used to assist staff in determining the appropriate benefit amount for these items. However, actual costs should be covered based on receipts.For ODSP purposes, surgical supplies and dressings are considered to be those supplies prescribed by a licensed Ontario physician and required as a direct result of a surgical, radiological or medical procedure or disease.ItemAverage costUnit costDiabetic supplies Insulin syringes/per 100$30.21.30 eachNeedle tips/100 box$27.05.27 eachLancets/ 200 box$13.99.07 eachWipes:Betadine/100 boxAlcohol/100 box$17.61$3.09.18 each.03 eachIncontinence supplies Diapers/case$78.03/case $78.03/case Containment briefs – reusable$26.32/case$26.32/caseContainment pads – disposable$44.75/case$44.75/caseLeg bags – disposable$6.11$6.11Leg bag straps$6.86$6.86Enema kits$5.13$5.13Latex gloves/box 100$11.43$ .11 eachVinyl gloves non sterile/100 box$12.79/box$ .13 eachVinyl gloves sterile/50 box$68.75/box$1.38 eachOstomy flanges/5 box$42.96$8.59 eachOstomy pouches/10 box no drain$35.90$3.59 eachUrostomy (pouch with drain)$57.16$57.16Bedside drainage bags$7.26$7.26Catheters – indwelling$10.83$10.83Catheters – straight$2.18$2.18External condom catheters (urinary incontinence)$1.06 each$1.06 eachPaste (ostomy)$13.89$13.89Ostomy deodorant$22.82$22.82Antiseptic solutions:Hydrogen peroxideAlcohol$ 3.14$ 1.89$ 3.14$ 1.89Surgical dressing gauze Non sterile 2X2 12 ply$ 5.15$ 5.153×3 12 ply$ 7.02$ 7.024×4 12 ply$11.03$11.032×2 8 ply$ 5.54$ 5.543×3 8 ply$ 6.73$ 6.734×4 8 ply$ 9.15$ 9.15Sterile 2×2 12 ply$10.37$10.373×2 12 ply$22.82$22.824×4 12 ply$29.05$29.05Elastoplast dressing:3.8 cm × 4.56.3 cm × 4.57.5 cm × 4.5$18.95$24.00$27.24$18.95$24.00$27.24Adhesive tape$ 2.64$ 2.64When calculating MSN benefit amounts assume 31 days or 4.33 weeks per month. June 2016Summary of legislationRecipients can receive coverage for the cost of batteries and necessary repairs for mobility devices used by a member of the benefit unit if these costs are not otherwise reimbursed.Legislative authoritySection 44(1)1. vii of the ODSP Regulation.Summary of directiveAll members of a benefit unit are eligible for batteries, replacement batteries and payment of repairs for a mobility device.An Income Support Specialist can authorize payment for "essential" repairs that are completed without prior authorization if the repairs were necessary after work hours or on a weekend.Mobility devices include manual or electric wheelchairs, scooters, walkers and lifting devices. There may be circumstances where a member may require a repair to a secondary device.
In these circumstances staff should exercise their discretion when approving the necessary repair.Intent of policyTo provide assistance with the cost of batteries, replacement batteries and necessary repairs to a mobility device for members of the benefit unit.Application of policyItems covered under ODSP:equipment originally acquired by the recipient through the Ministry of Health and Long-Term Care’s Assistive Devices Program (ADP)equipment purchased directly by a member of the benefit unitequipment purchased on behalf of a recipient by a Community Agency or service club (e.g., March of Dimes)The following repairs and maintenance may be covered:purchase of original battery (usually has six month warranty)replacement batteries (not under warranty)repairs to the wheelchair/mobility device that are not covered under warrantyAfter hours/weekend repairsOrdinarily, clients must obtain advance authorization from the Ministry before proceeding with repairs to a mobility device.
The Income Support Specialist can authorize payment for "essential" repairs completed without advance authorization if the repairs were necessary after work hours or on a weekend. In all cases, the Income Support Specialist must ensure that the repair was not covered under warranty.Examples of "essential" repairs (done without advance authorization) include:repairs to a flat tirereplacement of a deficient batteryrepairs due to a mechanical or structural breakdown of the mobility devicebreak down of mobility device occurred outside of the client’s homeThese costs should be covered when the break down of the mobility device has occurred at a time MCSS staff was not available, and the secondary back up or loaned replacement was not available.Excessive or repetitive repairsOngoing repairs to a mobility device may indicate that the equipment requires replacement due to the age and condition of the equipment. Consideration should also be given to the client’s activity level. The Income Support Specialist should review the repair history to determine if authorizations for repairs should continue or if the client should be advised to apply for funding to the ADP for a new mobility aid.Repairs to "high technology" mobility devicesADP provides several categories of devices through a shared equipment pool administered by a designated agency or vendor on contract with ADP.All repairs and maintenance on equipment provided by the respective pool must be done by the pool agency/vendor.The province-wide vendor for the wheelchair pool for "high technology" wheelchairs is Motion Specialties. For information about service, including after hours, caseworkers or clients may contact the Central Equipment Pool (CEP) at 416-701-1351 or 1-800-395-6661 or email at cep@motionspecialties.com.For equipment prescribed after September 1, 1999, repair costs are covered by the pool. However, if the equipment was prescribed before September 1, 1999 recipients may have the repairs covered by ODSP.Related directives9.6 — Assistive devices9.12 — Mandatory special necessities