Date (YYYY/MM/DD)



## Alberta Aids to Daily Living (AADL) Program

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the *Health Information Act*, sections 33 and 34 of the *Freedom of Information and Protection of Privacy Act* (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations for the purpose of changing a vendor to obtain an AADL benefit. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at 10<sup>th</sup> Floor Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2; Telephone: 780-427-0731, Fax: 780-422-0968.

Return this form to: AADL, $10^{\rm th}$ Floor Milner Build	ding, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2; Fax: 780-422-0968.
Type of Benefit:	
Your signature on this document acknowledge	owledges you:
period (vendor changes are effectiv November.) NOTE - Medical/Surgical clients: Co dressing supplies from your current ve NOTE - Mobility clients: A change of arranged with AADL to refund your cur	the change of vendor will start on the next AADL two month benefit by e on the first day of January, March, May, July, September and entinue to purchase all diapers, pads, liners, catheters, ostomy and endor until the vendor change is completed.
Please complete the following informat I authorize AADL to change my vendor	
	to
Name of Current Vendor	Name of New Vendor
My Authorization Number is:unknown).	(contact your current vendor or authorizer if
Your new vendor will need this number	r in order to provide your AADL benefits.
My new vendor number is	Vendor will provide).
AADL Client Information	
Name (Please Print)	Personal Health Care Number
If AADL has any questions or concerns	I can be reached at Telephone number with area code
Consent	
You or your legal representative (e.g. p sign and date this form.	person with your power of attorney, a guardian/trustee) must
Drint Name (Value and and	Sign at use (Vaura and a set
Print Name (Yours or Legal	Signature (Yours or Legal

Representative's)

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