**Speech Generating Communication Device Parts/Change Request**

Protected A (when completed) 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 obtaining 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 Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731, Fax: 780-422-0968.

***Complete this form to request parts to support an existing SGCD system provided by AADL.***

***Completed forms can be submitted to AADL through the Alberta Blue Cross portal and accompanied by a signed Client Declaration Form and relevant vendor quotes.***

**CLIENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client’s First Name** |       | **Client’s Last Name** |       |
| **Personal Health No** |       | **Date of birth****(YYY-MM-DD)** |       |
| **Address** |       | **Town** |       |
| **Postal Code** |       | **Telephone** |       |
| **Existing SGCD device** |       | **Serial Number** |       |
| **Date of Reassessment** |       |  |  |
| **Clinical information /Rationale for Request** |       |

**BENEFIT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **AADL Catalogue Number** | **Quantity** | **Description** | **Vendor and Quote number** |
|       |       |       |       |
|       |       |       |       |

**AUTHORIZER INFORMATION**

|  |  |
| --- | --- |
| **Authorizer Name** |       |
| **SGCD Service Centre** |       |
| **Telephone/Email Contact information** |       |
| **Date form completed** |       |