

1. What kind of breast prostheses are covered by the Assistive Devices Program (ADP)?

The ADP will provide a grant to help pay for a portion of the cost of external silicone breast prostheses.

2. Who can apply?

Any permanent resident of Ontario who has a valid Health Card Number and:

- Has had a mastectomy or lumpectomy OR
- Was born with a deformity of one or both breasts

3. What is not covered under the ADP?

The ADP does not fund brassieres, temporary breast prostheses, silicone nipples or breast implants.

ADP does not help pay for prostheses available under the Workplace and Safety Insurance Board (WSIB) or for Group A veterans for their pensioned conditions.

4. How do I get my breast prosthesis(es)?

Select any vendor in Ontario that sells breast prostheses and has staff trained to fit you properly. Once you are fitted with your prosthesis(es) you will pay the vendor and obtain a receipt of payment.

5. How do I apply for the ADP grant?

You may print the application form off of our website at www.health.gov.on.ca or obtain an application form by contacting the ADP directly (see #14 below for contact numbers).

Complete the application form in full, attach the original receipt from the vendor and mail to:

Ministry of Health and Long-Term Care
Assistive Devices Program
5700 Yonge Street 7th floor
Toronto ON M2M 4K5

6. How much money will I receive?

If you require one full breast prosthesis, you will receive \$195. If you require two full prostheses, you will receive \$390.

If you require one partial breast prosthesis, you will receive \$105. If you require two partial prostheses, you will receive \$210.

If you are receiving social assistance benefits under Ontario Works, Ontario Disability Support Program or Assistance to Children with Severe Disabilities, you are eligible to receive \$260 for each full prosthesis and \$140 for each partial prosthesis.

Check all of the applicable boxes in the section entitled "Confirmation of Eligibility" on the application form.

7. How will payment be made?

You will receive a cheque within six to eight weeks after the ADP receives your application form.

8. Does this mean that the full cost of my breast prosthesis(es) will be covered?

Not always. If the vendor's retail price is more than the grant amount, you will be responsible to pay the difference. Be sure to ask your vendor how much of the total cost you are responsible for.

9. Will my private insurance cover any additional costs?

Certain insurance companies may cover additional costs. The ADP recommends that you check with your insurer.

10. How often can I apply?

You can apply every two years if the prosthesis is worn out or is no longer usable.

If, during the two years, you require a new breast prosthesis because your body size or shape changes or because of a change in your medical condition, you may apply once for a replacement.

The ADP does not provide the grant for a replacement during the two years if the original prosthesis is lost, stolen or damaged due to misuse. You are encouraged to buy insurance for coverage in these situations.

11. What documents must legal agents provide if signing on behalf of the applicant?

Legal agents must attach applicable documents, such as:

- Power of Attorney
- Continuing Power of Attorney

12. Should I keep my receipts?

You are required to send your original receipt to the ADP with the application form.

You should keep a copy of your receipt for two years.

Note that for income tax purposes, you can only claim receipts for expenditures that exceed the amount of the ADP grant.

13. Is there a warranty?

Manufacturers of breast prostheses provide a two-year warranty. You are encouraged to speak to the fitter of your breast prosthesis(es) for more information.

14. What if I have more questions?

Call the ADP at one of the numbers listed below:

Toronto	416 327-8804
Toll-free	1 800 268-6021
TDD (for the deaf)	1 800 387-5559

- **IMPORTANT: Attach the original receipt for the breast prosthesis(es).**
- **Original signatures required. Facsimile or photocopies will not be accepted.**

Applicant's Biographical Information

PLEASE PRINT

Last name		First name		Middle initial	
Address		Type (St./Blvd/ Ave/Dr./Crt.)	Direction (N/S/W/E)	Suite/apt. number	
Building number	Street name				
Lot/concession/rural route		City/town		Postal code	
Health number (10 digits)		Version	Date of birth (dd/mm/yyyy)	Sex	
				<input type="checkbox"/> male <input type="checkbox"/> female	
Home Telephone (include area code)		Business Telephone (include area code)		Ext.	
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Confirmation of Eligibility

I am receiving social assistance benefits. Yes No

If "Yes", check one of the following only:

Ontario Works (OW)
 Ontario Disability Support Program (ODSP)
 Assistance to Children with Severe Disabilities (ACSD)

I have undergone a mastectomy or lumpectomy Yes No

Mastectomy Right side Date of surgery (dd/mm/yyyy) _ _ _	Lumpectomy Right side Date of surgery (dd/mm/yyyy) _ _ _	I was born with a deformity of one or both breasts <input type="checkbox"/> yes <input type="checkbox"/> no
Mastectomy Left side Date of surgery (dd/mm/yyyy) _ _ _	Lumpectomy Left side Date of surgery (dd/mm/yyyy) _ _ _	<input type="checkbox"/> Deformity Right side
		<input type="checkbox"/> Deformity Left side

Type of prosthesis purchased	Access to Program	
Right side <input type="checkbox"/> full <input type="checkbox"/> partial	Right side <input type="checkbox"/> 1 st access <input type="checkbox"/> replacement	
Left side <input type="checkbox"/> full <input type="checkbox"/> partial	Left side <input type="checkbox"/> 1 st access <input type="checkbox"/> replacement	

If **replacement**, check reason below.

Right side <input type="checkbox"/> change body size/shape	<input type="checkbox"/> change medical condition	<input type="checkbox"/> wear (if after 2 years)
Left side <input type="checkbox"/> change body size/shape	<input type="checkbox"/> change medical condition	<input type="checkbox"/> wear (if after 2 years)

Signatures

The Ministry of Health and Long-Term Care's (the Ministry) collection of the personal health information on or attached to this form is necessary for the purpose of assessing and verifying eligibility for the Assistive Devices Program, and for all other purposes related to the proper administration of that Program.

This information may be used or disclosed in accordance with the *Personal Health Information Protection Act, 2004*, as set out in the Ministry's "Statement of Information Practices" which is accessible at: www.health.gov.on.ca

Applicants may withhold their consent to the collection of this information; however, doing so will interfere with their coverage under the Assistive Devices Program.

For more information on the Ministry's Information Practices, or the collection of the personal health information on this form, call 1 800 268-6021 or 416 327-8804 or write to the Program Manager, 5700 Yonge Street, 7th floor, Toronto ON M2M 4K5.

I certify that the information I have provided on this form is true, correct and complete to the best of my knowledge. I understand that this information is subject to audit.

Signature of Applicant or Agent (Spouse, Parent, Legal Guardian, Public Trustee, Power of Attorney)	Date (dd/mm/yyyy)
<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Public Trustee <input type="checkbox"/> Power of Attorney	

Please mail completed application and original receipt to:



Ministry of Health and Long-Term Care
 Assistive Devices Program
 5700 Yonge Street 7th Floor
 Toronto ON M2M 4K5

Agent only (see no. 11)
 documents enclosed