<table>
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<th>Page</th>
<th>Update</th>
<th>Authorizer Impact</th>
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<tr>
<td>1</td>
<td>Section 2 Devices and Eligibility: Device Selection: Reference to device codes removed</td>
<td>Authorizer/Prescriber continue to request type of device(s) required by checking the appropriate box(es)</td>
<td>Codes must be used on both the auto-invoice portion of the form (see page 3 below) as well as any invoices submitted by paper or electronically.</td>
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</table>
|      | Reason for Application and Replacement Device(s) and/or Modifications Required due to: sections | Authorizer/Prescriber provides the reason(s) for application using the appropriate check box or boxes on the form indicating that:  
- it is the applicant’s first application to the ADP for a hearing device and/or  
- the applicant requires another device in addition to one already funded by the ADP (e.g. ADP provided hearing aid for one ear and now a hearing aid is required for the other ear) and/or  
- The applicant requires funding to replace a device funded by the ADP  
The Authorizer provides the reason(s) for a request for Replacement Device(s) using the appropriate check box or boxes on the form indicating that:  
- There has been a change in the client’s medical condition and the previously funded device(s) no longer meets their needs and/or  
- The previously funded device(s) has worn out and is no longer under warranty | |
| 2    | Confirmation of Applicant’s Eligibility:  
- Hearing Aids  
- FM Systems  
- TTY or Flashing/Signalling Devices | Authorizer must answer all questions for the device(s) requested by checking one of the boxes provided (yes/no/not applicable) | None |
| 3    | Equipment Specifications:  
To be completed by the Vendor | None | Codes must be used on both the auto-invoice portion of the form as well as any invoices submitted by paper or electronically. |