

Instructions

Only a **Registered Assistive Devices Program (ADP) Hearing Aid Authorizer** may complete this form and must provide the following:

- a copy of the Hearing Aid Benefit Authorization Form; and
- a completed Hearing Aid Benefit (Exceptional Circumstances) form, including:
 - a description of service(s)/device(s)/item(s) being requested;
 - the cost of the service(s)/device(s)/item(s) being requested;
 - the clinical determination and rationale for requesting the service(s)/device(s)/item(s); and
 - the applicant's signature in section D.

All Exceptional Circumstances Requests are reviewed by MCCSS ODSP Hearing Aid Benefit Program (Exceptional Circumstances) .

A registered ADP Authorizer must send the information above to the following:

Ministry of Children, Community and Social Services
ODSP Hearing Aid Benefit Program (Exceptional Circumstances)
77 Wellesley Street West
Box 460
Toronto ON M7A 1N3

Once received, the Ministry will review the request and send both you and the applicant a letter about the decision.

Section A – Applicant Information

Last Name		First Name	Middle Initial
Date of Birth (yyyy/mm/dd)	Member ID	Hearing Aid Benefit Authorization Form Invoice Number	

Section B – Registered ADP Hearing Aid Authorizer Information and ADP Vendor Information

ADP Authorizer Name	ADP Vendor Name and Registration Number
ADP Registration Number	CASLPO or AHIP Member Number

Vendor Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number	Fax Number	Email Address	

Section C – Request: Exceptional Circumstances

Pre-authorization and approval from the ODSP Hearing Aid Benefit Program (Exceptional Circumstances) must be obtained before dispensing or providing service(s)/ device(s)/ item(s) requested under the Exceptional Circumstances policy.

Please complete the sections below:

Description of Services(s)/ Device(s)/ Item(s) Requested

Clinical Determination and Rationale

Cost

Signature of Registered ADP Hearing Aid Authorizer

Date (yyyy/mm/dd)

NOTE: The Criminal Code of Canada s.s. 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. The *Ontario Disability Support Program Act, 1997*, Sec. 59 states a person who knowingly receives a benefit or assistance that he/she is not entitled to receive under the Act and regulations is guilty of an offence.

Section D – Applicant Declaration & Consent for Release of Information

Important: The application will not be processed if the Declaration and Consent is not signed.

The person applying for the Hearing Aid Benefit (Exceptional Circumstances), or someone lawfully authorized to sign on their behalf, must sign this declaration and consent for release of information.

If the application under the Hearing Aid Benefit (Exceptional Circumstances) is for a child under 16, then the declaration and consent for release of information must be signed by the social assistance applicant/recipient or other individual with lawful custody of the child.

I declare to the best of my knowledge, that the information on this form is true, correct and complete. I consent to the release of information outlined in this application to the Ministry of Children, Community and Social Services (“ministry”). I also consent to the release, by the service provider who has completed this application, to the ministry of any information in my records relating to the information provided on this application form. I understand that the ministry would be using this information to determine my eligibility for the Hearing Aid Benefit (Exceptional Circumstances).

I further consent to the release of my personal information by the ministry to the service provider in connection with the administration of the Hearing Aid Benefit (Exceptional Circumstances).

I have read and signed this consent freely and voluntarily.

Signature of applicant or other lawfully authorized individual

Date (yyyy/mm/dd)

The Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45 & 46 for the purpose of administering the Ontario Disability Support Program. For more information, please contact name, title

_____ at _____, in your local
Ontario Disability Support Program Office.