

**Ministry of Children, Community and Social
Services Ontario Disability Support Program**

**Batteries and Repairs for Mobility Devices
– Pre-authorization Request Form**

Vendor Name:		Order #:	
Street address, City, Postal code:			
Primary Email address:		Phone number:	
Secondary Email address:		Date:	

TO Intake and Benefits Administration Unit (IBAU)
E-mail: SAmobility@ontario.ca
Contact Centre #: 1-888-222-5099

Reminder: Include client's Social Assistance Member ID below. This will ensure your submission is assigned to the correct client in a timely manner.

Salesperson/Technician name		Date of service										
Last name of individual requiring service	First name	Member ID (Required)										
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Relationship to Recipient: Self Spouse Dependent												
Client address		Client Phone number										
Device Information												
Manual wheelchair		Walker										
High technology wheelchair (Central Equipment Pool)		Lifting device										
Mobility scooter												
Other (please describe e.g. power chair, batteries, etc.):												
Serial number:	Year:	Make:										
Warranty in effect		If yes, please describe what is under warranty										
Yes No												
Was the work completed after-hours or on a weekend when MCCSS staff were unavailable?												
Yes No												

To streamline payment processing, please return this completed form along with your invoice to SAmobility@ontario.ca.

Parts Quote				
Qty	Description	Unit Price	Taxes	Amount
Estimated total				

Labour Quote			
Hours	Rate	Taxes	Amount
Estimated total			

Additional fees (e.g., service calls, long-distance travel, etc.)			
Description	Rate	Taxes	Amount
Estimated total			

Estimated total summary	
Parts Total	
Labour Total	
Additional Fees	
Total	

I confirm that the repairs requested are necessary for the function of the device and are not cosmetic in nature or otherwise unnecessary.

Name (please print)

Date

Notes/Comments:

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 Works Act, 1997, Sec. 79/Ontario Disability Support Program Act, 1997, Sec. 59* states that anyone who knowingly obtains or receives a benefit or assistance that they are not entitled to obtain or receive under the Act and the regulations is guilty of an offence.

Get your payments fast, easy and secure: Register for direct bank deposit and eStatements at www.ontario.ca/vendorirectdeposit

To Be completed by ODSP

Repairs authorized: **Yes** Total amount: **No**

Notes/Comments:

Name of staff authorizing repair

Date

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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 your local Ontario Disability Support Program Office.