



Mandatory Special Necessities Benefit Request

Last Name of Individual requiring items/services		First Name	Initials
Date of Birth (dd/mm/yyyy)	Member ID	Relationship to recipient self <input type="checkbox"/> spouse <input type="checkbox"/> dependent child or dependent adult	OHIP fee code K054 (\$25.00)

The Ontario Disability Support Program (ODSP) may provide funding for transportation needed to obtain medical treatment. Costs for diabetic supplies, surgical supplies and dressings are also covered. Please provide details:

Medical Transportation

This section may be completed by Ontario licenced physicians, Registered Nurses in the Extended Class and psychologists (for addiction related travel only).

Please indicate the number of appointments per month required to attend each location identified, (e.g. your office, other physicians/psychologists, physiotherapy, chemotherapy, dialysis, Alcoholics Anonymous or Narcotics Anonymous meetings). Please do not state the diagnosis being treated.

Visit Location Facility Name/Address/City or Town	Telephone No.	Number of Visits per Month	Required From (mm/yy)	Required Until (mm/yy)	Can Attend Alone <input type="checkbox"/> Yes <input type="checkbox"/> No	Overnight Stay Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate with (x) the type of transportation the person's condition enables him or her to use to attend appointments:

- | | | |
|--|--|---|
| <input type="checkbox"/> Public transportation (e.g. buses, subways, highway coaches) | <input type="checkbox"/> Train Travel | <input type="checkbox"/> Taxi Service or Alternate Driver |
| <input type="checkbox"/> Wheelchair accessible public transportation (where available) | <input type="checkbox"/> Drive him/herself | <input type="checkbox"/> Ambulance only |

Additional Details _____

Diabetic Supplies - This section may be completed by Ontario licenced physicians, Registered Nurses in the Extended Class and Registered Nurses (where a physician has assessed the need).

Type	Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Glucometer*	Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lancets	Number Required per day <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> Other, please specify:
Insulin Syringe	Number Required per day <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> Other, please specify:
Needle Tips	Number Required per day <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> Other, please specify:

*Only glucometers that use test strips that are covered under the Ontario Drug Benefit plan will be approved for reimbursement.

If being completed by a Registered Nurse, has a physician assessed the need for diabetic supplies? Yes No

Is condition permanent? Yes No If not permanent, for how long: _____ months.

For the above, is the requirement expected to: remain stable increase in _____ months or decrease in _____ months.

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)
(Municipal 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 or the Ontario Works Act, 1997, sections 7, 8, 15, 57 & 58 for the purpose of administering Government of Ontario social assistance programs.

For more information contact _____ at (_____) _____, in your local Ontario Works or ODSP office.

Surgical Supplies and Dressings This section may be completed by Ontario licenced physicians, Registered Nurses in the Extended Class, Registered Nurses (where a physician has assessed the need) and Enterostomal Therapists (where a physician has assessed the need).

ODSP will provide for the costs of surgical supplies and dressings not otherwise provided for. For ODSP purposes, surgical supplies and dressings are considered to be those supplies prescribed by a licenced Ontario physician, and required as a direct result of a surgical, radiological or medical procedure or disease.

If completed by a Registered Nurse or Enterostomal Therapist, has a licenced Ontario physician assessed the need for the item(s)? Yes No

Please list the type and the quantity of supplies required monthly.

Item	Quantity Required	
	Commonly Required	Other Quantity Required - please specify
Bedside drainage bags	<input type="checkbox"/> 1 Per Week	
Catheters - indwelling	<input type="checkbox"/> 1 Per Month	
Catheters - straight	<input type="checkbox"/> 1 Per Day	
External condom catheters (for urinary incontinence)	<input type="checkbox"/> 1 Per Day	
Containment briefs - disposable	<input type="checkbox"/> 5 Per Day	
Containment briefs - reusable	<input type="checkbox"/> 5 Per Day	
Containment pads - disposable	<input type="checkbox"/> 5 Per Day	
Disposable Diapers	<input type="checkbox"/> 5 Per Day	
Enema Kits	<input type="checkbox"/> 3 Per Week	
Extension tubing	<input type="checkbox"/> 1 Per Week	
Leg Bag Straps	<input type="checkbox"/> 2 Per Month	
Leg Bags - disposable	<input type="checkbox"/> 1 Per Week	
Other, please list item and quantity		
Adhesive tape	<input type="checkbox"/> 1 Roll Per Month	
Alcohol wipes	<input type="checkbox"/> 1 Per Day	
Betadine wipes	<input type="checkbox"/> 1 Per Day	
Gauze/Sponges Non Sterile - 2x2 12 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 3x3 12 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 4x4 12 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 2x2 8 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 3x3 8 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 4x4 8 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
Gauze/Sponges Sterile - 2x2 12 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 3x3 12 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 4x4 12 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 2x2 8 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 3x3 8 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
- 4x4 8 ply	<input type="checkbox"/> 2 Per Day <input type="checkbox"/> 4 Per Day	
Antiseptics - Alcohol	<input type="checkbox"/> 1 500 ml bottle/month	
- Hydrogen peroxide	<input type="checkbox"/> 1 500 ml bottle/month	
- Chlorhexidene	<input type="checkbox"/> 1 250 ml bottle/month	
- Betidine	<input type="checkbox"/> 1 500 ml bottle/month	

