

Assistive Devices Program  
5700 Yonge Street, 7<sup>th</sup> Floor  
Toronto ON M2M 4K5  
[www.health.gov.on.ca/adp](http://www.health.gov.on.ca/adp)

Programme d'appareils et accessoires fonctionnels  
5700, rue Yonge, 7<sup>e</sup> étage  
Toronto (ON) M2M 4K5  
[www.health.gov.on.ca/paaf](http://www.health.gov.on.ca/paaf)

Tel.: 416-327-8804  
Fax.: 416-327-8192  
Toll Free: 1-800-268-6021  
TTY: 416-327-4282  
TTY: 1-800-387-5559  
E-mail: [adp@ontario.ca](mailto:adp@ontario.ca)

Tél. : 416-327-8804  
Télééc. : 416-327-8192  
Sans frais: 1-800-268-6021  
ATS : 416-327-4282  
ATS : 1-800-387-5559  
Courriel: [adp@ontario.ca](mailto:adp@ontario.ca)

## Memorandum

**To:** ADP-Registered Vendors

**From:** David Schachow, Interim Director, Assistive Devices Program

**Date:** March 20, 2020

**Subject:** **Signatures on the ADP-Application Form During the COVID-19 Pandemic**

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For the duration of the COVID-19 pandemic, the Assistive Devices Program (ADP) **will accept signatures that are not original** on:

- the ADP application form, from the authorizer, prescriber, client (or their representative) and vendor; and
- the Proof of Delivery Form.

Additionally, the ADP will accept a family member's or care-giver's signature in place of the applicant on both the application form and the proof of delivery document. Where a family member or care-giver has signed on behalf of the applicant, please indicate the relevant relationship and contact information should it be different than the applicant.

The ADP will notify ADP-registered vendors when this temporary measure is no longer permitted.

Please note that during the COVID-19 pandemic, while the signatures may not be original, the complete application form must be mailed to the ADP. The ADP cannot accept a faxed copy of the application form.

All questions related to this memorandum should be sent to: [adpvendors@ontario.ca](mailto:adpvendors@ontario.ca).

(original signed by)

David Schachow