

ANNEX A –Professional Recommendation Form

This form accompanies an application to the "Assistive Devices and/or Minor Home Adaptations" initiative. It must be completed only if you are a healthcare professional and wish to submit a request for this initiative.

Identification of the healthcare professional	
Full Name:	Profession:
Phone:	Email:
Institution or Organization:	
Recommendation details	
Please describe the specific needs of the person living with ALS and recommendations for technical aids and/or minor home adaptations	
<p>Have you applied to public programs or insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Click here for a list of available resources.</p> <p>If yes, please specify:</p>	
Estimated Costs	
Please provide an estimate of the costs related to assistive devices and/or minor home adaptations.	
Please attach any quotes or relevant documentation supporting the cost estimate to your request.	
Attestation	
<input type="checkbox"/> I certify that the above recommendations are based on a professional assessment of the needs of the person living with ALS.	
<input type="checkbox"/> I confirm that I have obtained the consent of the affected person or his/her representative to transmit this information.	
Signature	Date

Submit this form or if you have any questions:
kbusch@sla-quebec.ca | 514 725-2653, #109 | 1 877 725-7725