Ministry of Health

Assistive Devices Program Vendor Training

Hearing Devices
Completing the Application for Funding

March 2026

Ontario

Introduction

- This training module will provide you with a step-by-step guide to completing the ADP Hearing Devices Application for Funding accurately.
- For specific information relating to eligibility criteria, see the Hearing Devices Policy and Administration Manual.
- Vendors are encouraged to provide business associates and employees with the information in this training module.

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Application Processing

Getting Applications Approved

- Applications that are complete, accurate and submitted for individuals who are eligible as found in the ADP's policy and administration manuals will be approved for funding.

Mistakes and Omissions Result in Delays

- Applications containing insufficient, incomplete and/or inaccurate information will be returned and notification sent to the vendor via the Application Status Report.

Section 1

Applicant's Biographical Information and Confirmation of Benefits

All information in Section 1 must be provided.

- Health card information must be verified using the physical card.
- The applicant's biographical information must match the information on the health card, e.g. legal name and date of birth.
- Incorrect biographical information will result in a failed eSubmission. Vendors can download their eSubmission Status Report through MCEDT (Medical Claims Electronic Data Transfer).
- Applicants eligible for funding through Workplace Safety and Insurance Board (WSIB) or Veteran Affairs Canada (VAC) Group A are not eligible for funding through the program, and must not submit an application.

Fields marked with an asterisk (*) are mandatory.

Section 1 – Applicant's Biographical Information

Last Name *

First Name * | Middle Initial

Health Number (10 digits) | Version | Date of Birth (yyyy/mm/dd)

Name of Long-Term Care Home (LTCH) (if applicable)

Address

Unit Number | Street Number

Street Name*

Lot/Concession/Rural Route *

City/Town * | Province * ON | Postal Code *

Home Telephone Number | Business Telephone Number ext.

Confirmation of Benefits

I am receiving social assistance benefits ☐ Yes ☐ No

If yes, please check one
- ☐ Ontario Works Program (OWP)
- ☐ Ontario Disability Support Program (ODSP)
- ☐ Assistance to Children with Severe Disabilities (ACSD)

I am eligible to receive coverage for Hearing Devices from

Workplace Safety & Insurance Board (WSIB) ☐ Yes ☐ No

Veterans Affairs Canada (VAC) – Group A ☐ Yes ☐ No

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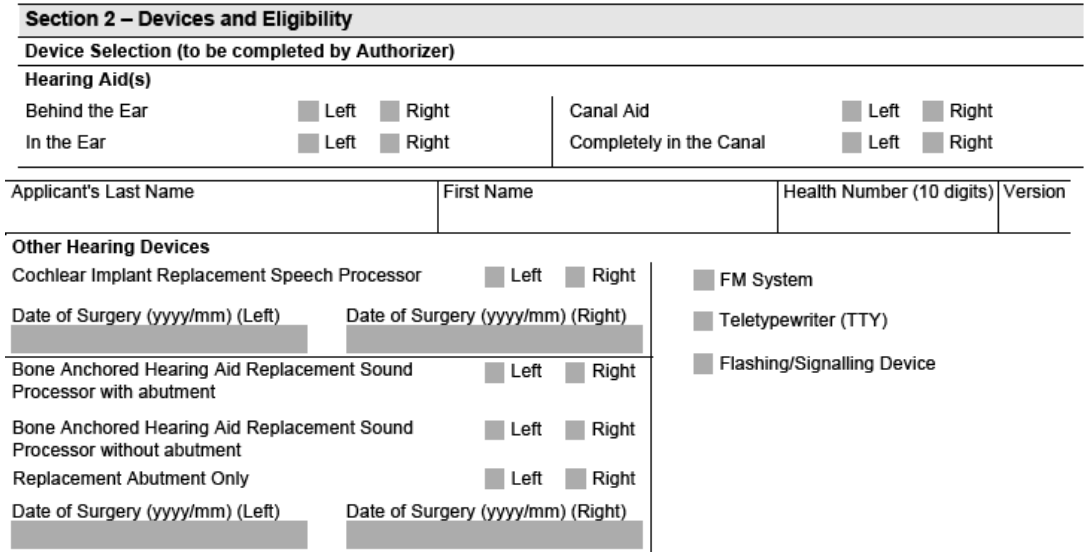
Section 2

Devices and Eligibility

All information in Section 2 – Devices and Eligibility must be provided.

- Verify that the correct device and placement (i.e. right and/or left) is selected. This selection must correspond with the code entered in the equipment specifications section (Section 4).
- Vendor quote for repair is required for replacement requests. Quotes should show the total cost to the client to get the hearing aid repaired, which may include vendor costs, such as shipping the device to the manufacturer. The actual repair cost must be based on the wholesale price.



Section 2 – Devices and Eligibility

Device Selection (to be completed by Authorizer)

Hearing Aid(s)

Behind the Ear	☐ Left	☐ Right	Canal Aid	☐ Left	☐ Right
In the Ear	☐ Left	☐ Right	Completely in the Canal	☐ Left	☐ Right

Applicant's Last Name	First Name	Health Number (10 digits)	Version

Other Hearing Devices

Cochlear Implant Replacement Speech Processor	☐ Left	☐ Right	☐ FM System	
Date of Surgery (yyyy/mm) (Left)	Date of Surgery (yyyy/mm) (Right)		☐ Teletypewriter (TTY)	
			☐ Flashing/Signalling Device	
Bone Anchored Hearing Aid Replacement Sound Processor with abutment	☐ Left	☐ Right		
Bone Anchored Hearing Aid Replacement Sound Processor without abutment	☐ Left	☐ Right		
Replacement Abutment Only	☐ Left	☐ Right		
Date of Surgery (yyyy/mm) (Left)	Date of Surgery (yyyy/mm) (Right)			

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Section 2

Replacement Device

- Devices older than five years may be deemed unrepairable **by the manufacturer**. Where applicable, this must be clearly stated on the vendor quote/attachment, not on the form.
- Where the replacement is due to a change in medical condition, all supporting documentation (e.g. audiogram) must be kept on file. ADP may request copies at any time in order to verify the process that was followed to determine eligibility for funding.

Replacement Device Required Due To: *(check one or more if applicable)*

☐ Change in medical condition. Previously funded equipment no longer meeting client's needs.
Hearing Aids Only: minimum 20db loss across 3 speech frequencies

☐ Normal wear and applicant confirms that it is no longer under warranty.

☐ **Vendor quote and/or copies of repair bills attached (other attachments will not be considered)**

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Section 2

Confirmation of Applicant's Eligibility

- All questions in the section MUST be answered by checking the appropriate box with "Yes", "No" or "N/A"
- Authorizers must only check "Yes" for the boxes applicable to the device being prescribed.

Confirmation of Applicant's Eligibility (to be completed by Authorizer)

Hearing Aids (answer required for question 1)

1. There is documented evidence of the need for the hearing aid to meet applicant's basic daily listening needs based on established clinical assessment tools.	☐ Yes	☐ No	☐ N/A

FM Systems (answer required for questions 2 - 4)

2. There is documented evidence of the ability of applicant/caregiver to use an FM System effectively to meet his/her basic daily listening needs and the benefits and limitations of FM technology have been explained to the applicant/caregiver.	☐ Yes	☐ No	☐ N/A
3. At the time the FM system was dispensed, the ADP Registered Vendor has obtained the applicant/agent's signature confirming that: • education was provided to the applicant/caregiver on the use, care/ maintenance and trouble-shooting of the device; and • applicant / agent was provided details regarding the minimum 30 day trial period and a minimum 1 year warranty.	☐ Yes	☐ No	☐ N/A
4. The ADP Registered Authorizer has documented confirmation prior to the end of the trial period that the FM System meets the applicant's basic daily listening needs and that the applicant is using the system as authorized.	☐ Yes	☐ No	☐ N/A

TTY or Flashing/Signalling Device (answer required for questions 5 - 6)

5. The applicant has a hearing loss severe enough to impede normal use of a telephone even with the use of a hearing aid and a voice amplified telephone, and requires the long-term use of a TTY and accompanying flashing-signalling device if required.	☐ Yes	☐ No	☐ N/A
6. The applicant has a speech impairment severe enough to impede normal use of the telephone even with the use of an augmentative communication aid and requires the TTY on a long-term basis.	☐ Yes	☐ No	☐ N/A

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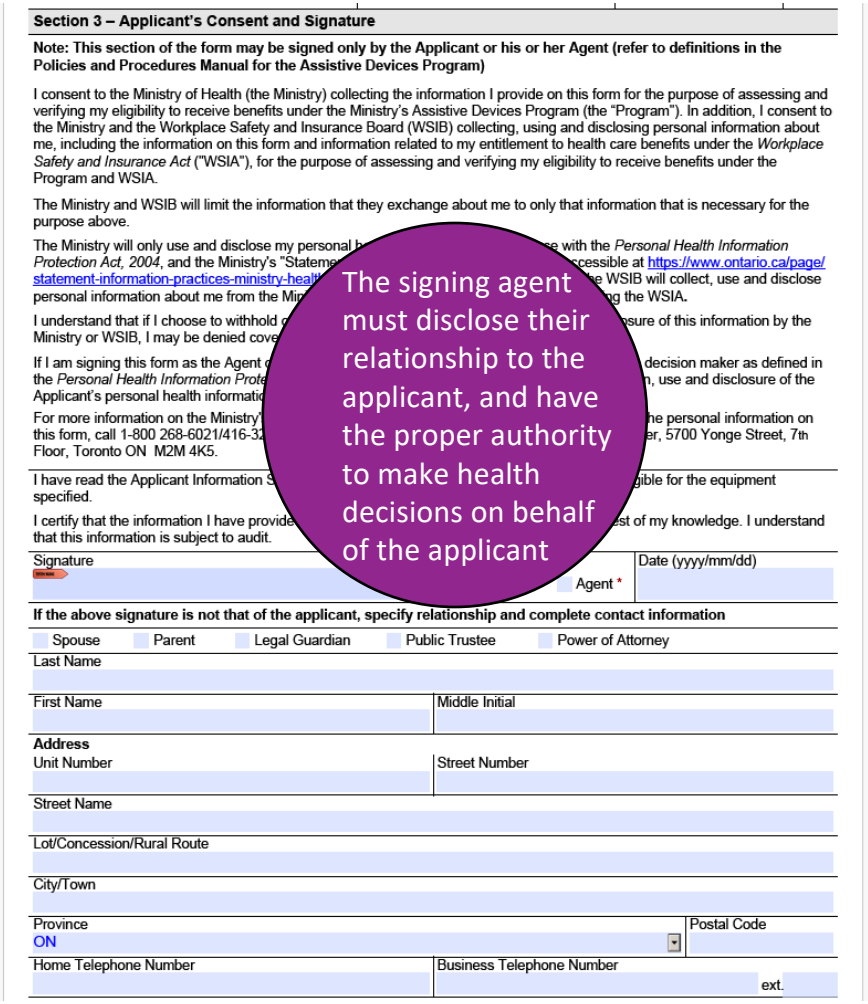
Section 3

Applicant's Consent and Signature

All information in Section 3 – Applicant's Consent and Signature must be provided.

Note:

- The applicant must read the consent statement before signing.
- The applicant must understand that signing the Consent and Signature Section confirms they have read the Applicant Information Sheet, understands the rules of eligibility and believes they are eligible.
- Electronic and wet signatures are acceptable. Exceptions required due to a disability will be handled on a case-by-case basis.
- When an agent is signing the application on behalf of an applicant, they are required to complete all information in Section 3.



Section 3 – Applicant's Consent and Signature

Note: This section of the form may be signed only by the Applicant or his or her Agent (refer to definitions in the Policies and Procedures Manual for the Assistive Devices Program)

I consent to the Ministry of Health (the Ministry) collecting the information I provide on this form for the purpose of assessing and verifying my eligibility to receive benefits under the Ministry's Assistive Devices Program (the "Program"). In addition, I consent to the Ministry and the Workplace Safety and Insurance Board (WSIB) collecting, using and disclosing personal information about me, including the information on this form and information related to my entitlement to health care benefits under the *Workplace Safety and Insurance Act* ("WSIA"), for the purpose of assessing and verifying my eligibility to receive benefits under the Program and WSIA.

The Ministry and WSIB will limit the information that they exchange about me to only that information that is necessary for the purpose above.

The Ministry will only use and disclose my personal h… with the *Personal Health Information Protection Act, 2004*, and the Ministry's "Stateme… ccessible at https://www.ontario.ca/page/statement-information-practices-ministry-healt… e WSIB will collect, use and disclose personal information about me from the Min… g the WSIA.

I understand that if I choose to withhold … sure of this information by the Ministry or WSIB, I may be denied cove…

If I am signing this form as the Agent … decision maker as defined in the *Personal Health Information Prote…* …, use and disclosure of the Applicant's personal health informati…

For more information on the Ministry'… he personal information on this form, call 1-800 268-6021/416-32… er, 5700 Yonge Street, 7th Floor, Toronto ON M2M 4K5.

I have read the Applicant Information S… gible for the equipment specified.

I certify that the information I have provide… st of my knowledge. I understand that this information is subject to audit.

Signature	Date (yyyy/mm/dd)
Agent *	

If the above signature is not that of the applicant, specify relationship and complete contact information

Spouse | Parent | Legal Guardian | Public Trustee | Power of Attorney

Last Name

First Name | Middle Initial

Address

Unit Number | Street Number

Street Name

Lot/Concession/Rural Route

City/Town

Province: ON | Postal Code

Home Telephone Number | Business Telephone Number ext.

The signing agent must disclose their relationship to the applicant, and have the proper authority to make health decisions on behalf of the applicant

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Section 4

Signatures

All information in Section 4 must be provided.

- Authorizers signing the ADP application form must read and understand the consenting statements within their section of the application form.
- Electronic and wet signatures are acceptable.
- The authorizer must provide their ADP registration number, assessment date and sign the application. Applications expire one year after authorizer signs.

Section 4 – Signatures

Authorizer's Signature and Confirmation of Applicant's Eligibility

I hereby certify that I have personally assessed the applicant named on this form in person. Based on my assessment of this individual's medical requirements, I have confirmed his/her eligibility for funding assistance in accordance with all ADP funding guidelines. I have advised the applicant or his/her agent that he/she may purchase the ADP approved equipment from the ADP Registered Vendor of their choice, and have provided a list of ADP Registered Vendors in the applicant's community for their use.

Authorizer's Last Name	Authorizer's First Name
Business Telephone Number* ext.	**ADP Authorizer Registration Number**
Authorizer's Signature	**Assessment Date (yyyy/mm/dd)**

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Section 4

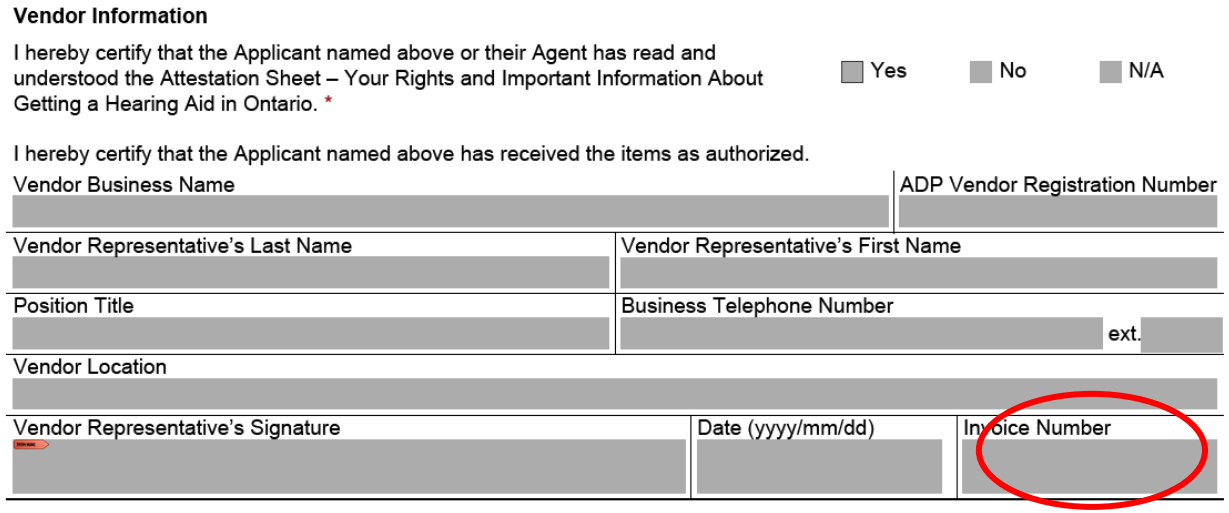
Vendor Information

ADP Vendor Registration Number

- All vendors registered with ADP are issued a unique ADP vendor registration number.
- Applications with invalid vendor registration numbers or submitted by vendors not registered with the program will not be approved.

Vendor Representative Information

- The vendor representative must sign and date the form; they must also complete the attestation sheet for all hearing aid applications (FM system alone, BAHA, Cochlear and TTY devices are N/A).
- Electronic and wet signatures are acceptable.
- The unique invoice number must be included for payment to be made.



Vendor Information

I hereby certify that the Applicant named above or their Agent has read and understood the Attestation Sheet – Your Rights and Important Information About Getting a Hearing Aid in Ontario. *

☐ Yes ☐ No ☐ N/A

I hereby certify that the Applicant named above has received the items as authorized.

Vendor Business Name	ADP Vendor Registration Number

Vendor Representative's Last Name	Vendor Representative's First Name

Position Title	Business Telephone Number ext.

Vendor Location

Vendor Representative's Signature	Date (yyyy/mm/dd)	Invoice Number

Vendors must review the information provided for accuracy. Incorrect or incomplete information, may delay the application processing.

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Common Invoice Errors

- **ADP Device code on the invoice does not belong to the approved device type**
  - The device selected in Section 2, Devices and Eligibility, must match the device code entered in Section 4, Equipment Specifications (e.g. Behind-the-Ear on page 1, and code HA0000939 on page 4)
- **Delivery date must be on or after the authorization date**
  - Hearing aids must not be delivered to the client before the authorizer has signed the ADP application form.
- **Vendor invoice number has been previously used and must be unique**
  - An invoice number may only be used once. Once an application has been made, applications submitted with the same invoice number will not be processed for payment.

Section 4

Equipment Specification

- Vendors are required to complete all details pertaining to the equipment specifications. This information can be found in the Hearing Aids and FM System Product Manual.
- Device placement must correspond with selections made in Section 2 (Devices and Eligibility), of the application. Select N/A for a FM System.
- The Client portion figure must be all inclusive (i.e. includes all ADP-funded fees such as ear molds and dispensing fees)

Equipment Specifications (to be completed by Vendor)

Device Placement			ADP Device Code	Make and Model Description	Serial Number	ADP Portion ($)	Client Portion ($)
Left	Right	N/A					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					

Applications with incorrect or missing codes will **NOT** be paid.

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Submitting the Application Form

- Applications must be completed electronically, exported as XML and uploaded online.
- Scanned/e-mailed applications and faxed applications may be accepted if there are extenuating circumstances where an application cannot be submitted electronically.
- Verify that all sections have been completed accurately prior to submitting.
- Submitted application forms that are incomplete, or are incorrectly completed, will not be approved and/or will be subject to processing delays.
- Vendors MUST retain a copy of the original application with all required signatures in client's file for verification purposes.

Vendor Responsibilities

Vendors have a number of responsibilities as part of the ADP. A full list is available in the Hearing Devices Policy and Administration Manual.

- Order and provide prompt delivery of the Authorized Device specified on the Application Form.
- Provide counseling and instructions necessary for the proper and effective use, operation, care and maintenance for all Devices sold.
- Provide the Applicant with a fully itemized invoice for the Authorized Device purchase together with a copy of the manufacturer's warranty and user manual. The original invoice must be kept with the applicant's file together with a copy of the application form. The ADP may request a copy of the invoice at any time.
- Honour manufacturer's warranties for the benefit of Clients and provide after-sales service such as repair and maintenance services.
- Provide repair quotes, as necessary, to the Applicant/Client and/or to the ADP.
- Retain all supporting documentation on file and provide to the ADP as requested.
- In the case of a hearing aid Device, review the Attestation Sheet with the Applicant, sign the Attestation Sheet, and provide a copy of the signed Attestation Sheet to the Applicant for their records.
- Retain the prescription issued by a Prescriber for the dispensing of a hearing aid Device to the Applicant and provide a copy of the prescription to the Applicant.

Common Mistakes and Omissions

Mistakes and Omissions result in delays to the application; here are a few common mistakes which may delay the application processing:

- Invalid health card number or personal information does not match information in the OHIP files (e.g. date of birth or legal name)
- Applicant/agent details and signature missing
- Authorizer not registered with ADP
- Application has expired
- Replacement reason missing
- No device selected
- Incorrect device type, placement and/or code
- The Device Selection under Section 2 of the Application does not match the ADP Device Code and Device Placement in Equipment Specifications under Section 4.

Application Delays/Denials

Applications may be delayed/denied for a number of reasons. Although not exhaustive, here are a list of common reasons:

Delays

- Invoice number is missing or incorrect.
- Replacement must be selected if at least one device is being replaced.
- Multiple reasons for funding provided e.g. first-access and replacement.

Denials

- Applicant does not meet eligibility requirements for the hearing device, e.g. applicant is not eligible for health services (OHIP) on the assessment date.
- Applicant has exceeded the number of devices permitted for the funding period.
- Information supplied in connection with the application form is insufficient, incomplete and/or inaccurate.

Additional Resources

- Policies and Procedures Manual for the ADP
- Hearing Devices Policy and Administration Manual
- Applicant Information Sheet
- Hearing Devices Application Form
- Hearing Devices Product Manual
- List of ADP Approved Devices

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Program Contact Information

ADP Website:

General Public Website

Health Professionals Website

Mailing Address:

Program Coordinator, Hearing Devices

Assistive Devices Program (ADP)
7th Floor, 5700 Yonge Street
Toronto, Ontario
M2M 4K5

Email: adpvendors@ontario.ca or adp@ontario.ca

Telephone: 416-327-8804

Toll Free: 1-800-268-6021

TTY: 416-327-4282

Toll Free TTY: 1-800-387-5559