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

Mandatory Special Necessities Benefit Request

Last Name of Individual requiring items/services		First Name	Middle Initial
Date of Birth (dd/mm/yyyy)	Member ID	Relationship to recipient ☐ self ☐ spouse ☐ dependent child or dependent adult	OHIP fee code **K054**

The Ontario Disability Support Program (ODSP) may provide funding for medical transportation, diabetic supplies, and surgical supplies and dressings.

Medical Transportation - This section can only be completed by Ontario licensed physicians, Registered Nurses in the Extended Class and psychologists (for addiction related travel only). If you are authorizing travel under this benefit, please note that the benefit is only available for: (a) travel to treatment provided by a medical professional designated under the *Regulated Health Professions Act* (RHPA); (b) travel to alcohol and drug recovery groups such as Alcoholics Anonymous or Narcotics Anonymous; (c) travel to mental health therapy and mental health counselling programs if the treatment has been prescribed by a physician, psychiatrist or psychologist and the program is provided under the supervision of a physician, psychiatrist or psychologist.

Please indicate the number of appointments required to attend each location (e.g. your office, other physicians/psychologists, physiotherapy, chemotherapy, dialysis). 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?	Overnight Stay Required?
				☐ Ongoing ☐ Until (m/y)_____	☐ Yes ☐ No	☐ Yes ☐ No
				☐ Ongoing ☐ Until (m/y)_____	☐ Yes ☐ No	☐ Yes ☐ No
				☐ Ongoing ☐ Until (m/y)_____	☐ Yes ☐ No	☐ Yes ☐ No
				☐ Ongoing ☐ Until (m/y)_____	☐ Yes ☐ No	☐ Yes ☐ No
				☐ Ongoing ☐ Until (m/y)_____	☐ Yes ☐ No	☐ Yes ☐ No

Please indicate with (✓) the type of transportation the person's condition enables them to use to attend appointments. Please check all types the person can use.

☐ Public transportation (e.g. buses, subways, highway coaches) ☐ Train ☐ Taxi Service ☐ Ambulance only

☐ Wheelchair Accessible Public Transportation (where available) ☐ Drive themselves ☐ Alternate Driver

Additional Details ____________________

____

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

Type of Supply		Health Professional's Initials
Blood Glucose Monitor*	Is a new/replacement Monitor required? ☐ Yes ☐ No	
Lancets	Number Required per day ☐ 1 ☐ 4 ☐ Other, please specify:	
Insulin Syringe	Number Required per day ☐ 1 ☐ 4 ☐ Other, please specify:	
Needle Tips	Number Required per day ☐ 1 ☐ 4 ☐ Other, please specify:	
Wipes (Alcohol/Betadine)	Number Required per day ☐ 1 ☐ 4 ☐ Other, please specify:	
Insulin Pump Supplies: - batteries - tubing - other	Specify quantity and frequency where applicable	

*Only Blood Glucose Monitors that use test strips 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 ☐ decrease in _____ months.

Surgical Supplies and Dressings - This section can only 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 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 this is being 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, and initial each item:

Item	Quantity Required		Health Professional's Initials
	Commonly Required	Other Quantity Required (please specify)	
Bedside Drainage Bags	☐ 1 per week		
Catheters - Indwelling	☐ 1 per month		
Catheters - Straight	☐ 1 per day		
External Condom Catheters (for urinary incontinence)	☐ 1 per day		
Containment Briefs - Disposable	☐ 5 per day		
Containment Briefs - Reusable	☐ 5 per day		
Containment Pads - Disposable	☐ 5 per day		
Disposable Diapers	☐ 5 per day		
Enema Kits	☐ 3 per week		
Extension Tubing	☐ 1 per week		
Leg Bag Straps	☐ 2 per month		
Leg Bags - Disposable	☐ 1 per week		
Adhesive Tape	☐ 1 roll per month		
Alcohol Wipes	☐ 1 per day		
Betadine Wipes	☐ 1 per day		
Gauze/Sponges Non Sterile - 2 x 2 12 ply	☐ 2 per day ☐ 4 per day		
- 3 x 3 12 ply	☐ 2 per day ☐ 4 per day		
- 4 x 4 12 ply	☐ 2 per day ☐ 4 per day		
- 2 x 2 8 ply	☐ 2 per day ☐ 4 per day		
- 3 x 3 8 ply	☐ 2 per day ☐ 4 per day		
- 4 x 4 8 ply	☐ 2 per day ☐ 4 per day		
Gauze/Sponges Sterile - 2 x 2 12 ply	☐ 2 per day ☐ 4 per day		
- 3 x 3 12 ply	☐ 2 per day ☐ 4 per day		
- 4 x 4 12 ply	☐ 2 per day ☐ 4 per day		
- 2 x 2 8 ply	☐ 2 per day ☐ 4 per day		
- 3 x 3 8 ply	☐ 2 per day ☐ 4 per day		
- 4 x 4 8 ply	☐ 2 per day ☐ 4 per day		
Antiseptics - Alcohol	☐ 1 500 ml bottle/month		
- Hydrogen peroxide	☐ 1 500 ml bottle/month		
- Chlorhexidene	☐ 1 250 ml bottle/month		
- Betidine	☐ 1 500 ml bottle/month		
Elastoplast Dressing Strip Rolls	☐ 1 per week		
- 3.8 cm x 4.5 m	☐ 1 per week		
- 6.3 cm x 4.5 m	☐ 1 per week		
- 7.5 cm x 4.5 m	☐ 1 per week		
Latex Gloves - Sterile	☐ 1 per day ☐ 2 per day		

Surgical Supplies and Dressings (continued)

Item	Quantity Required		Health Professional's Initials
	Commonly Required	Other Quantity Required (please specify)	
Latex Gloves - Non-Sterile	☐ 1 per day ☐ 2 per day		
Vinyl Gloves (latex allergy) Sterile	☐ 1 per day ☐ 2 per day		
Vinyl Gloves (latex allergy) Non-Sterile	☐ 1 per day ☐ 2 per day		
Ostomy Deodorant	☐ 1 bottle / 2 months		
Ostomy - One piece pouches with flanges attached	☐ 1 per day ☐ 2 per day		
Ostomy - 2 piece system - flanges	☐ 1 per week ☐ 2 per week		
- pouches	☐ 1 per day		
Ostomy Flanges	☐ 1 per day ☐ 2 per day		
Ostomy Pouches - No Drain	☐ 1 per day ☐ 2 per day		
Urostomy (pouch with drain)	☐ 1 per day ☐ 2 per day		
Ostomy Paste	☐ 15mg tube / 2 months		
CPAP Supplies:			
- tubing	☐ 1 per 6 months		
- masks	☐ 1 per 6 months		
- water chamber	☐ 1 per year		
- distilled water	☐ 250 cc nightly		
- filters - fine particle	☐ 1 per month		
- coarse particle	☐ 2 per year		
Other, please specify item and quantity			

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 ☐ decrease in _____ months.

I am legally qualified in Ontario as a(n): ☐ Physician ☐ Psychologist ☐ Enterostomal Therapist ☐ Registered Nurse in the Extended Class ☐ Registered Nurse

Signature _____ Date _____

Physicians please submit claims to OHIP using fee code KO54.

Registered Nurses in the Extended Class, Registered Nurses, Psychologists and Enterostomal Therapists please forward your invoice for $25.00 including the beneficiary's name and Member ID to the ODSP office shown below.

Health Professional's Information/Office Stamp

Name

Address

City, Town or Village

Province Postal Code

Telephone

Local ODSP Office Stamp

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 contact _____ at _____, in your local ODSP office.