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**ADP Individual Authorizer Quote Request Form**  
 Phone/Fax: 416-698-1305 Email: [sales@mail.cepp.org](mailto:sales@mail.cepp.org)

<b>Date:</b>	<b>ADP Auth. Number:</b>
<b>IA Name:</b>	
<b>IA Address:</b>	
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Ship To:</b>	<b>Client:</b> <input type="checkbox"/> <b>IA/Clinic:</b> <input type="checkbox"/>

<b>Client (First Name):</b>	
<b>Client (Last Name):</b>	
<b>Care of Name:</b>	
<b>Client Address:</b>	
<b>City:</b>	<b>Province:</b>
<b>Postal Code:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Health Card #:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	
<b>Diagnosis:</b>	
<b>Native Indian Status</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please attach a copy of Native Status card	
<b>Funding:</b> Regular <input type="checkbox"/> ADP (75/25) <input type="checkbox"/> MCCSS (ACSD, ODSP, OW) <input type="checkbox"/>	

ADP Catalog#	Device Description
<b>Comment:</b>	

*NOTE: Equipment is shipped with an invoice that must be signed by the client/family and returned in a self addressed stamped envelope (included). Please advise client/family of this important task.*