

CHAMP Adult Program Recreational Prosthesis Request

The CHAMP Adult Program (for Champs aged 25+) has different limits for funding for recreational limbs and devices. When we receive a request from you to cover the cost of a new recreational prosthesis, please also use this form to provide us with information on how you will use the prosthesis and how it will help you.

CHAMP Adult's Information

First name _____ Middle name(s) _____ Last name _____

Date of birth: _____ day/month/year Type of amputation: _____
(e.g., above or below knee, hip, above or below elbow, hand, etc.)

Phone number: _____ Email: _____

Prosthetic centre: _____

Recreational Prosthesis Information

Type of recreational limb or device: _____

Describe how the prosthesis will help you: _____

Activities the prosthesis will be used for: _____

CHAMP Adult's signature

Date (day/month/year)