



## APPROVED EQUIPMENT LIST - 2026

CATEGORIES	ITEMS FUNDED	MAXIMUM FUNDING	MINIMUM PARENT PORTION	OTHER CRITERIA
<b>ALL EQUIPMENT MUST BE AUTHORIZED BY A HEALTH PROFESSIONAL</b>				
ACCESSIBILITY AIDS	Booster Seat/Specialized Car Seat/Transportation Vest Ceiling Track Lifts -bedroom or bathroom only Evac Chair Fixed Ramps – building materials only Grab Bars/Transfer Poles Porch Lifts/Portable Lifts Portable Ramps Stair Lifts Telecab Turn Transfer Aids Van/Scooter Lift Vehicle Hand Controls* Used Van Lifts Van Tie-Down System			<ul style="list-style-type: none"> <li>Only portable ramps are funded on rental properties.</li> <li>Track Lifts must have a letter of support from landlord.</li> <li>Applicable accessibility aids must meet Ontario regulatory codes or permits.</li> <li>Lifts and Ramp quotes must be from a licensed Ontario contractor.</li> <li>Used Van Lifts must be through a recognized vendor.</li> <li>Vans with a lift/ramp installed must be no older than 5 years.</li> <li>Two quotes preferred. Exceptions only if one vendor is available.</li> <li>We do not fund private sales.</li> </ul> <p>* One-time funding</p>
BATH & TOILETING AIDS	Bath Bars & Grips Bath Chairs Commode Chairs Shower Chairs Shower Commodes Transfer Aids	\$3,000 per client per calendar year*	\$100/request to be paid to vendor upon approval	<ul style="list-style-type: none"> <li>Two quotes preferred. Exception if only one vendor available.</li> <li>A letter of support from prescribing therapist stating reason for equipment request.</li> </ul>
COMMUNICATION AIDS	Communication Board Communication Leases Computers Computer Leases Speech & Voice Aids Trays			<ul style="list-style-type: none"> <li>Must have ADP funding.</li> <li>Authorized by a recognized communication clinic.</li> </ul>
MOBILITY AIDS	Batteries for new Power Wheelchair Customized Seating Systems (for mobility aids only) Manual Wheelchairs Power Wheelchairs Scooter Devices Specialized Strollers Walkers (excludes Hart or Smart Walkers)			<ul style="list-style-type: none"> <li>One quote for ADP funded items is required.</li> <li>All Mobility Aids must be ADP funded.</li> <li>A copy of the ADP application or letter of support from a prescribing therapist stating the date ADP was submitted, and reason why any item/s on the device are not covered by ADP must be submitted with the request for funding.</li> </ul>
ORTHOTICS	Ankle-Foot Orthosis (AFO) Knee-Ankle-Foot Orthosis (KAFO) Standers Supramalleolar Orthosis (SMO) Tone-Reducing Ankle-Foot Orthosis (TRAFO)			<ul style="list-style-type: none"> <li>All orthotics must be ADP funded.</li> <li>Standers: One quote + copy of ADP application or letter of support from prescribing therapist stating ADP submission date, and reason why any item on device is not ADP funded.</li> </ul>

**NOT FUNDED:** Installation, labour, assessment, taxes, delivery costs, repairs, replacement parts (including batteries and slings), accessories and additions to existing equipment are not funded.

**NOTE:** Maximum funding amount per client and items funded are subject to change. Easter Seals Ontario (ESO) allocates fundraising dollars annually for equipment requests and will consider requests until all funding has been exhausted. The level of funding assistance may vary based on whether ESO has previously funded the same/similar item.

\*The maximum amount for equipment does not include funding for Easter Seals Ontario camp sessions.

Rev.02-05-2026