

## AT HOME PROGRAM

**Purpose:** To inform health care providers of the type of information required in justification letters. These guidelines are intended to: 1) enhance communication, and 2) improve consistency and quality of letters.

### Information Required:

**Date**

**Name of Child**

**Date of Birth**

**Diagnosis**

Include the type of impairment, location and degree of involvement.

**Prognosis** (*if applicable*)

**What has Precipitated the Request?**

Indicate why the request is occurring at this time.

**Current Equipment** (*related to equipment requested*)

If applicable, indicate the type and status of present equipment and why it is no longer meeting the needs of the child/youth.

**Recycling Equipment Review**

Indicate whether or not the equipment needs could be met through the Children's Medical Equipment Recycling and Loan Service (CMERLS - [www.redcrossequipment.com](http://www.redcrossequipment.com)).

**Justification**

Clearly indicate the relationship between the child's medical need and the equipment requested. Indicate the expected results of the prescribed equipment for the child/youth. The AHP will provide the most cost-effective item that meets the child/youth's needs. Where the most cost-effective item does not meet the needs of the child/youth, please provide additional information to support the request.

**Expected Time Frame**

Indicate the expected timeframe for the use of the bio-medical equipment (e.g., 1 month, 6 months, indefinitely).

**Name and Signature**

Include professional affiliation and contact information (i.e., address and phone number).

*We are interested in any comments, suggestions or questions that you may have about these guidelines. Please feel free to call (250) 387-3326.*