
Appendix 5:

Assistive Technology Device Request Form, CT Birth to Three Form 3-11

ASSISTIVE TECHNOLOGY DEVICE REQUEST FORM



Child's Name:		Date of Birth:	Record #
Parent (or foster parent or relative) child resides with and address (i.e. where device will be located):			Telephone #:
Program Name:			Telephone #:
Contact person for this request:	Contact person's discipline:	Date of this request:	
Child's identified need (Attach section 6 of IFSP and outcome page that references assistive technology):			
Device requested (Specify model # and any necessary related equipment. Attach specs if needed):			
Additional vendors contacted		Model and Order #	Price
Total cost including tax, shipping and handling:		\$	_____
Additional fees for insuring or dispensing technology		\$	_____
Other (specify here or attach description):		\$	_____
Total		\$	_____
Was Medicaid billed?	Date:	Status or Results:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Insurance billed?	Date:	Status or Results:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Final Results:	Date:	Details (attach written denial):	
<input type="checkbox"/> Payment <input type="checkbox"/> Denial			

For use by the Birth to Three Fiscal Office only:

Date request received	Date request approved	Cost to the state not to exceed	Birth to Three Authorization
		\$	
Date invoice received	Date invoice approved	Actual cost to the state	Birth to Three Authorization
		\$	

Connecticut Birth to Three Form 3-11 (revised 7/1/11)

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Assistive Technology Checklist		Yes	No
1.	Does the IFSP reflect the need for this device or service and has it been indicated in the data system (check box on IFSP screen)?		
2.	Is information attached that briefly describes why this is the most appropriate equipment and how it will improve the functional capabilities of the child?		
3.	Did the team consider a range of devices from low to high tech?		
4.	Did the NEAT Marketplace have a suitable device is available?		
5.	Is there a loaner device or rental available?		
6.	Is there more than one device or vendor that can meet the need (<i>e.g. one vendor's prone stander may be the same as another</i>)?		
7.	Has the family participated in the evaluation or seen the actual equipment being requested?		
8.	Has all provider staff serving this child agreed that this is the most appropriate device to meet the child's need (<i>e.g. Can the communication device be mounted on the mobility equipment</i>)?		
9.	Have you determined at what point will the child no longer need the equipment?		
10.	Will this device need to be listed on the transition plan?		
11.	Does the vendor offer a maintenance contract?		
12.	Will the parents be able to list the device as part of their homeowner's or renters insurance?		
13.	Does the program need to purchase insurance for the device?		
14.	Have you arranged for training for the parents in the use of the device once it is delivered?		

Additional Comments:

Send this form to the Birth to Three Fiscal Office 460 Capitol Ave Hartford, CT 06106

Fax: 860-418-6003

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