

## BUDGET-BASED ASSISTIVE TECHNOLOGY FUND APPLICATION

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Individual's Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Address</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">City/State/ZIP</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Home Phone</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">DOB</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">ISP Cycle Start Date</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Contact Person</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Phone</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Email</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p>Contact Person is a member of the Individual's IDT.</p> <p>Contact Person will purchase &amp; deliver items approved.</p> <p>Purchasing Agent will purchase items approved &amp; have them shipped to the delivery address.</p> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Delivery Address</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">City/State/ZIP</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Purchasing Agent (PA) Selected</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 45%; text-align: center;">PA Fax</div> <div style="border: 1px solid black; padding: 2px; width: 45%; text-align: center;">PA Phone</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">PA Address</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">PA E-mail</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p>Other funding (DME, insurance, DVR, etc.) is not available.</p> <p>DTherapists have discussed/prioritized AT funding needs.</p> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Case Manager Initials &amp; Date</div>
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**Criteria for the Funding of Assistive Technology (AT)**

Please check each box below to indicate that the purchase of AT meets the funding requirements listed below

- The AT will be used during performance of a functional activity.
- The AT has a specific adaptation or feature that assists in compensation for a disability experienced by the individual.
- This AT is NOT used primarily for sensory stimulation.
- This AT request does not exceed the funding limit of a total of \$20.00 worth of batteries during the current ISP cycle.
- The AT will be used primarily outside of therapy sessions and will NOT be used toward performing a therapeutic activity, i.e., increasing range of motion.
- This AT request is NOT for educational software.
- This AT will NOT be used to PREPARE an individual to engage in a functional activity.
- This AT item/service funding request does NOT include any items or activities that are prohibited by federal, state or local statutes and standards.
- Payment of taxes is NOT included in this request.

**Briefly explain the reason why any box above is NOT checked:**

Signature:	IDT Role	Date forwarded to PA:
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## BUDGET-BASED ASSISTIVE TECHNOLOGY FUND APPLICATION

**Please include ALL information requested! Amount requested not to exceed \$250 per individual, per ISP cycle. If a requested item costs more, the application must identify the supplemental funding source\*\*. Attach order form & photocopy of catalog page or website view identifying the requested item(s). If purchased by the "Contact Person" above, receipts and any remaining monies must be provided to the Purchasing Agent within 30 days of purchase!**

<b>Vendor website address</b> <i>(this must be included!)</i> :				
Quantity	Item #	Item Name and Description <i>(color, size, type, etc. as needed)</i>	Price each	Total per item
			<b>subtotal</b>	
			<b>S/H</b>	
			<b>Total</b>	

<b>Vendor website address</b> <i>(this must be included!)</i> :				
Quantity	Item #	Item Name and Description <i>(color, size, type, etc. as needed)</i>	Price each	Total per item
			<b>subtotal</b>	
			<b>S/H</b>	
			<b>Total</b>	

*Attach additional pages if needed.*

AT Item Total:

Plus 10% Admin Fee of:

<b>**If the Grand Total exceeds \$250.00, including a 10% administrative processing fee, please name the source of the secured funding to complete the purchase of this AT. Funding Source:</b>	<b>Grand Total</b>	
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<b>AT Purchasing Agent Section Only</b>	
Date ATF-app received:	
Date AT ordered by PA:	<b>OR</b> Date check sent to contact person:
Date AT item(s) received by individual:	
Signature:	Date:

**Mail or fax to the identified Purchasing Agent. Contact your regional office if assistance is needed with this process.**