

## Assistive Technology (AT) Form

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Region: \_\_\_\_\_

Responsible Representative (if applicable): \_\_\_\_\_

### Support Coordination Agency (SCA) Information:

Name of SCA: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Support Coordinator (SC): \_\_\_\_\_

### I. Assistive Technology Items to be Billed by the SCA:

Procedure Codes	Items	Cost per Item
T2035	Tablet	
T2035	Case	
T2035	Screen Protector	
T2025/SE	Procurement Fee (Delivery & Set-Up)	
<b>TOTAL COST:</b>		

<b>II. Date AT Items Delivered to Participant:</b>	
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### III. Participant/Responsible Representative Acknowledgement:

I received my tablet, case and screen protector. I met with my support coordinator to make sure it worked and I was able to use it.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IV. Final Approval:

By signing below, I verify that I have met with the participant to deliver and properly set-up the AT items listed above; and the items and costs (per receipts) are correctly documented in Section I.

<b>Total Final Cost:</b>	Procedure Code T2035: _____	Procedure Code T2025/SE: _____
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SC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SC Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_