

EXHIBIT K – UF NCES ASSISTIVE TECHNOLOGY REQUEST FORM

UF DEPT OF PEDIATRICS NORTH CENTRAL EARLY STEPS ASSISTIVE TECHNOLOGY REQUEST FORM

UF Dept of Pediatrics North Central Early Steps
 1701 SW 16th Ave, Bldg B | PO Box 100296
 Gainesville, FL 32610
 Tel: 352.273.8555 or 1.800.334.1447
 Fax: 352.294.0088

Date of Submission: _____

Requested By: _____

Please print clearly, complete entire request form and include required attachments.

Child's Name: _____

DOB: _____

Medicaid Eligible? (Circle one) NO

If YES, enter 9-digit Medicaid # here: _____

If TPIN, (Please Attach Insurance Denial): _____

Assistive Technology Assessment Date and Established IFSP Outcome with use of Assistive Technology Tool Recommended:

Where is the device used? — (List the specific locations where the device will be used (home, child care, etc.): _____

When is the device to be used? — (Identify the daily routine that device will be used in to support the child's independence): _____

Loaner or natural supports were provided and used by the family/caregiver, if available? Yes No

Comments:

IFSP Team members: _____

Item(s) Recommended: (Please attach: Copy of Catalog Description and Price)

Item	Model	Manufacturer	Vendor	Medicaid DME Code	Price at Medicaid Rate

The Following Documentation must be included with this request:

- _____ IFSP sections: Page E, F and G
- _____ Copy of Dated & Signed credentialed evaluator letter of necessity supporting request
- _____ Copy of Dated & Signed Physician's Prescription
- _____ Copy of vendor quote including options/accessories breakdown
- _____ Picture & pricing of item(s)