

**UF DEPARTMENT OF PEDIATRICS NORTH CENTRAL EARLY STEPS ASSISTIVE TECHNOLOGY REQUEST FORM**

UF NCES 1701 SW 16 <sup>th</sup> Avenue, Bldg. B PO Box 100196 Gainesville, FL. 32608 Phone: 352.273.8553 or 1.800.334.1447 Fax: 352.294.8088 or MOVE it – Assigned Service Coordinator Email	Date of Submission:  Requested by:  Service Coordinator:
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*Please print clearly, and complete the entire request form and include required documentation upon submission*

Child's Name:		Medicaid Eligible: Yes                      No	Medicaid #:
DOB:		TPIN: Yes                      No	Private Insurance Type:

Item	Model #	Manufacturer	Vendor	Medicaid DME Code	Medicaid Cost:

**The following documentation is required upon submission of the AT request:**

1. IFSP
2. Child Evaluation
3. AT Activity-Based Assessment
4. Dated and Signed Letter of Necessity Supporting AT item
5. Dated and Signed Physician's Prescription
6. Picture and pricing of the item, along with Vendor quote, including options and accessories