Assistive Technology Purchase Request Form

INSTRUCTIONS

Updated: January 31, 2020

Who is responsible: Service Coordinators and Early Intervention Service (EIS) Providers

Purpose and Use

The Assistive Technology Purchase Request is used to request an assistive technology service/device. IDEA/Part C State Office will review the form and supporting documentation to ensure the service/device or adaptation meets the federal definition of assistive technology and that all documentation necessary for approval of the use of IDEA/Part C Service Funds is attached to the IFSP.

The Service Coordinator is responsible for completion of the form with input from the member(s) of the IFSP team that will be responsible for provision of any relevant assistive technology services.

The Assistive Technology Screening and Assessment form must be completed prior to submitting the Assistive Technology Purchase Request.

Section 1: Child, AT Vendor, and Service Coordinator Information

Enter the child’s legal first and last name, date of birth, and BRIDGES ID number. Enter the date of the Assistive Technology Purchase Request.

Enter the AT vendor’s name, address, e-mail address, and fax number.

Enter the name, agency, telephone number, and e-mail address of the Service Coordinator.

Section 2: Details of Assistive Technology Requested

Enter the item description, quantity of the item requested, Procedure Code, and vendor rate for each item requested. Use one row for each item, indicating multiple requests for purchase of the same item in the Quantity column. The Procedure Code can usually be found on the vendor quote or can be requested from the vendor. Attach additional sheets as needed. Total the cost of all items in the Vendor Rate column.

Section 3: Supporting Documentation

Place a check mark in each box for which supporting documents are attached to the assistive technology purchase request. Failure to include supporting documentation may result in delays in processing the request.

Section 4: Service Coordinator/EIS Provider Payor of Last Resort Verification

The Service Coordinator and EIS provider(s) who will be rendering assistive technology services to support use of the device must answer all questions in Section 4. This is required to ensure payor of last resort requirements are met prior to submission of the Assistive Technology Purchase Request. ‘NA’ may only be used for individually fitted AT devices (e.g., molded seating systems, AFOs, etc.).
The Service Coordinator should send all forms and required documentation to the IDEA/Part C State Office by either secure fax or secure e-mail for review prior to purchase of the requested device(s).
   Fax number:  1-803-255-8230
   E-mail address:  Erin.Laughter@scdhhs.gov

Section 5: For Use by IDEA/Part C State Office

Section 5 of the form is completed by the IDEA/Part C State Office upon receipt of the AT Purchase Request form and packet.