

**NYC EARLY INTERVENTION PROGRAM
ASSISTIVE TECHNOLOGY SPECIFICATION FORM**

Child's Name: _____ NYEIS ID#: _____ DOB: _____
(Last) (First)

Parent's Name: _____ Phone #: (____) _____
(Last) (First)

Address: _____

Child's Diagnosis: _____

AGENCY RECOMMENDING THE DEVICE: _____

Interventionist Name: _____ Discipline: _____

AT Agency Coordinator Name: _____

Phone #: (____) _____ Fax #: (____) _____

ONGOING SERVICE COORDINATOR AGENCY: _____

SC Name: _____

Phone #: (____) _____ Fax #: (____) _____

INSURANCE INFORMATION:

Medicaid Eligible: Yes No Private Insurance: Yes No

Child's Medicaid of CIN #: ____/____/____/____/____/____/____/____

Child's Private Insurance Name: _____

Policy Holder Name: _____ Relationship to Child: _____

Policy #: _____ Group Name and #: _____

Exact name of device being requested (not just category): _____

Vendor/catalog/website/dispensary estimated length of time from order to delivery: _____

Please submit the specifications and cost of all items on either vendor or catalogue letterhead. Include the following: name of item(s); list of accessories; itemized cost of each item; shipping/handling charges; total charges; a picture of the device when available.

Is the device available through TR Aid? Yes No

If yes, will the family be borrowing the device while this order is being processed? Yes No

Describe other AT equipment/devices that are presently used by the child and are found in the home environment:

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Child's Name: _____ EI ID#: _____
(Last) (First)

DESIRED OUTCOMES - Identify the functional outcomes expected to be attained by the child as a result of the use of the exact selected device during this IFSP period. Describe how the device will be used to accomplish these outcomes:

PLAN FOR THE USE OF THIS DEVICE – How will this device be used? Frequency and duration? By whom? If used by more than one interventionist, identify the goals for each discipline. Specify if parent/caregiver will be using the device and any precautions or safety factors they should be made aware of. Indicate what other AT equipment is in the home. Indicate if this item replaces and/or supplements other equipment within the same category.

DURATION – What is the anticipated period of time (months/years) device will be used by the child?

I have discussed with the family and other therapists (as applicable), the possible use(s) of this equipment as an integral part of the child's Early Intervention services as stated on the IFSP.

Therapist's Signature: (name/discipline): _____ Date: ____/____/____

Therapist's Name: (Print): _____

Parent/Caregiver's Signature: _____ Date: ____/____/____

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TO THE RECOMMENDING THERAPIST:

In an effort to expedite the EIP-Assistive Technology Specification process, please review your Assistive Technology Specification form to ensure that the following considerations have been addressed (this page is not required for hearing aids or orthotic orders):

REQUESTED DEVICE IS (check as applicable):

- Used to increase, maintain or improve self-help skills and functional abilities related to daily living activities and family routines
- Used within the home setting by all caregivers, not just by the EI interventions.
- Functionally appropriate for use with the child's household considering the bulk or size, weight and ease of family use.
- To be used to implement outcomes set for the child **within** the current IFSP period.
- Recommended in conjunction with the child's EI intervention(s) team.
- Not a duplication of equipment which was purchased for the child's use either by the NYC EIP or any other source. If this item is to replace a similar item, reasons for replacement must be clearly documented.
- Ordered through a vendor (or catalog/website order for non-customized devices) with whom the recommended interventionist has had good working experiences.
- Clearly defined and its uses fully clarified with the child's caregivers.

DOCUMENTATION SUBMITTED CONTAINS:

- Clear documentation as to the need for the device.
- Specific rationale for choosing the exact device requested.
- Price quote on vendor/catalog/dispensary letterhead.