

Assistive Technology Purchase Request Form INSTRUCTIONS



Approved: July 1, 2019

Updated: April 1, 2021

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 Provider, 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 provider'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, procedure code, provider rate for each item requested, and quantity of the item requested.

- The procedure code can usually be found on the provider quote or can be requested from the provider
- Use one row for each item, indicating multiple requests for purchase of the same item in the quantity column.
- The provider sub-total column will automatically calculate the provider rate multiplied by the quantity, and automatically calculate the subtotal.
- Attach additional sheets as needed.

Section 3: Supporting Documentation

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 both 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: BabyNet@scdhhs.gov