

ASSISTIVE TECHNOLOGY (AT) DESCRIPTION AND COST PROJECTION

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER TRAUMATIC BRAIN INJURY (TBI)

Applicant/Participant

CIN

1. Describe the Assistive Technology being requested.
2. Explain how the Assistive Technology will help contribute toward the applicant/participant's health and welfare.
3. Attach all assessments and bids. Identify the selected bid.
NOTE: If this is a rental property, a signed authorization from the landlord must be attached.

Applicant/Participant Signature

Date

Legal Guardian /Representative (as applicable)

Signature

Date

Assistive Technology Provider: _____ Provider ID#: _____

Contact Person: _____

Signature: _____

Service Coordinator: _____

Signature: _____ Date: _____

Regional Resource Development Specialist (RRDS): _____

Signature: _____ Date: _____

Approved

Denied

Reason for denial: _____

DOH Waiver Management Staff (if over \$15,000): _____

Signature: _____ Date: _____