**WESTERN PANHANDLE EARLY STEPS**

**ASSISTIVE TECHNOLOGY PROCESS FOR PROVIDERS**

1. There is an identified need for AT that relates to a child’s IFSP Outcomes/Goals
2. **Team** to have an IFSP periodic to add Assistive Technology.
3. **Provider (s)** to fill out:
	1. *Assistive Technology Assessment Form***.**
		1. IF DME
			1. Obtain **prescription from PCP** and a letter of medical necessity LMN (if required)
			2. Obtain a “**quote” from the approved Vendor** (such as Hanger) that includes:
4. item number
5. description of item
6. Rate
7. quantity
8. child’s name
9. date of birth
10. insurance number/ policy number/Medicaid number
	* 1. IF Non-DME
			1. Print out order form from approved vendor website.
				1. Make sure that it includes:

Item number

Description (color, size etc..)

Cost

1. **Provider(s)** submits completed ATA form with attachments to the child’s Service Coordinator (SC).
2. **Inform family not to receive the AT item and do not order until approved for funding by ES.**
3. **All items must have been submitted and approved and delivered before the child’s 3rd birthday!!!**