

Anoka County COMPUTER/TABLET REQUEST

Plan Year (month/day/year): _____ through _____

Participant Name: _____ PMI #: _____ Date of Birth: _____

Case Manager: _____ Support Planner (if applies): _____

What is the item(s) being requested (including details of type of device, memory, protective case, accessories, adaptations, etc.) AND an estimated cost of each item.

ITEM	Cost
	\$
	\$
	\$
	\$

Please check all that apply (**ALL boxes must be checked for consideration**).

The computer/tablet is for the direct benefit of the participant.

The computer/tablet has been determined by a professional (OT, PT, ST, Behavior Specialist/therapist) to be the most appropriate device to meet the needs and outcomes identified in the CSP.

The participant has demonstrated previous success using a computer/tablet (e.g., trialed device, used at school, been observed using it in a therapeutic setting, etc).

The computer/tablet is under \$1000.

What is the intended use of the computer/tablet? **Check all areas that apply.**

- | | | |
|---------------------------|------------------------|-----------------------------|
| Communication | Fine Motor Skills | Visual Stimulation/Tracking |
| Organizational Skills | Emotional | Time Management |
| Independent Living Skills | Behavior Tracking/Mgmt | Other _____ |

Waiver funds cannot pay for computers/tablets for communication or educational purposes **ONLY.*

How will the requested computer/tablet meet the needs and outcomes identified in the CSP? *If you purchased a computer/tablet using waiver funds within the last 3 years, explain why another is needed.*

What is your plan to protect the computer/tablet (including protective case, etc.)?

How will the participant and caregivers be trained to use this technology?

Please attach a specific list of applications recommended at this time. Applications for future use must be submitted to Anoka County for prior approval as they are identified. Any applications over \$75 must be recommended by a professional.

Professional Signature (OT, PT, ST, Therapist)

Participant Name (**print**)