



# Anoka County COMPUTER/TABLET REQUEST

**Plan Start Date**

**Plan End Date**

Participant Name

PMI

Date of Birth

Case Manager

Support Planner (if applicable)

List the item(s) being requested (including details of type of device, memory, protective case, applications, 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 the sole purpose of communication or educational

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

\_\_\_\_\_  
Signature of Professional (OT, PT,  
Behavioral/Speech Therapist)

\_\_\_\_\_  
Signature of Legal Representative