

PRODUCTIVE LIVING BOARD

ADAPTIVE EQUIPMENT REQUEST FOR FUNDING

Agency Name: _____

Consumer Name: _____ Age: _____

Consumer's Diagnosis: _____ Residence Type: _____

SLRO Client: Yes No

Medicaid Waiver: Yes No

SLRO Service Coordinator: _____

Standard Means Test Assessed: _____ PON Score: _____

The completed assessment will address the consumer's adaptive equipment need(s) as identified in their Person Centered Plan and recommend a solution(s) to address the need(s). Requests for funding must address environmental accessibility/mobility needs while addressing the health and safety of the consumer.

List the equipment requested and cost of equipment:

	Health & Safety	Environmental Accessibility/ Mobility
1. Equipment: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cost of Equipment (not to exceed): \$ _____		
2. Equipment: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cost of Equipment (not to exceed): \$ _____		

Document specific need for the adaptive equipment from the Person Centered Plan &/or Support Plan.

Documentation of Need: _____

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(Adopted July 2008)

FUNDING RESOURCES

Individuals requesting adaptive equipment will work with their St. Louis Regional Office Service Coordinator to access all available funding sources. Documentation of approval or denial of funding by those resources must be retained in the individual's file.

Document below the contacts made in securing full or partial funding for the adaptive equipment requested. This shall include staff responsible, date(s) of contact and funding status or funds available from all potential funders.

Funding Request	Staff/Date	Percentage of Total	Funds Available/Status
DMH Purchase of Service			\$
Medicaid Waiver			\$
Medicare			\$
Vocational Rehabilitation			\$
Rehab Serv. for the Blind			\$
Insurance			\$
Individual/Family Portion			\$
Other			\$
Other			\$
TOTAL FUNDS AVAILABLE			\$

Request for Funding PLB \$ _____

Agency Staff Signature

Title

Date

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FOR PLB USE ONLY

Final Review:

- Approved
- Not Approved
- Needs Productive Living Board Approval

OPLS Staff Signature

Date