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| North Carolina Infant-Toddler Program |  |
| Assistive Technology Audiology – Request for Funding | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Child’s Name: | | |  | | | | | | | | |  | | | | |  | | **Requesting Vendor Address / Phone Number** | | | | |
|  | | | Last | | | | | | | | | First | | | | | MI | |  | | | | |
| 2. Date   of Birth: |  |  | |  | |  |  |  |  |  | | | 3. Sex  Male  Female | | | | | |  | | | | |
|  | Month | | | Day | | | Year | | | | | |  | | | | | |  | | | | |
| 4. County of Residence: | | | | | | | | | | | | | | | | | | | Address: | |  | | |
| 5. Shipping  Address: | |  | | | | | | | | | | | | | | | | |  | |  | | |
|  | |  | | | | | | | | | | | | | | | | | Telephone #: | | | ext. | |
| 6. City: | | | | | | | | | | | State: | | | Zip Code: | | | | | Name of Contact Person for Vendor: | | | | |
| 7. Telephone | | | | | Home: | | | | | | Work: | | | | | | | | Child’s Diagnosis: | | | | |
| 8. Name of Parent or Guardian: Last | | | | | | | | | | | | | | | First | | | | Date of Request Submitted for Funding: | | | | |
| **ASSISTIVE TECHNOLOGY NEEDS**  Authorizations cannot exceed one year or child’s exit from ITP. Authorization will coincide with the IFSP review cycle | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Device** | | | | | | | | | | | | | | | | **Quantity** | | | | **Unit Cost**  *(Medicaid Rate)* | | | **Total Estimated Cost**  *(Medicaid Rate)* |
| Miscellaneous Component | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Hearing Aid (s) | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Monaural Dispensing Fee | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Binaural Dispensing Fee | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Hearing Aid Remote Control | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Earmolds & Dispensing Fee ( 8 pairs) | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Batteries ( $31.58 per claim with 6 claims per 365 days) | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Monaural FM System | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Binaural FM System | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Dispensing Fee FM | | | | | | | | | | | | | | | |  | | | |  | | |  |
| FM component repair Warranty Out of Warranty | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Audio Shoe for FM | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Loss/Damage Replacement Fee | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Battery Tester | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Dehumidifier Jar | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Dry and Store (Electronic dehumidifier) | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Desiccant Brick | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Earmold Blower | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Huggie Headband | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Huggie Aid | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Otoease (One year supply) | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Otoferm (One year supply) | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Safe n’ Sound Strap | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Stethoset | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Wax Loop and Brush | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Secure and Stay (One year supply) | | | | | | | | | | | | | | | |  | | | |  | | |  |
| 20dB Dampener | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Ear Gear | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Super Seals | | | | | | | | | | | | | | | |  | | | |  | | |  |
| Initial Care Kit | | | | | | | | | | | | | | | |  | | | |  | | |  |
|  | | | | | | | | | | | | | | | |  | | | |  | | |  |
|  | | | | | | | | | | | | | | | |  | | | |  | | |  |
| **Total Estimated Cost:** | | | | | | | | | | | | | | | | | | | | | | |  |
| **Signature of Vendor:** | | | | | | | | | | | | | | | | | | ***Fax to Early Intervention Central Office, Brian Deese***  *Email:* [*Brian.Deese@dhhs.nc.gov*](mailto:Brian.Deese@dhhs.nc.gov)  *Phone: 919-707-5538* ***Fax: 919-870-4834*** | | | | | |