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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**Phone: 919-707-5538* ***Fax: 919-870-4834*** |