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| *North Carolina Infant-Toddler Program* |  |

*Assistive Technology Loan Request*

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| Date of Request: | | | | |  | | | Child’s Name: | | | | | |  | | | | | Child’s DOB: | |  | |  |
| CDSA: |  | | | | | | EISC: | | | |  | | | | | EISC’s Email: | |  | | | | |  |
| AT Contact: | |  | | | | | | | | | | |  | | | |  | | | | |  |  |
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| IFSP Outcome #(s) & Description(s): | | | | | |  | | | | | | | | | | | | | | | | |  |
| Inventory Number (if applicable) | | | | | | | | | |  | | | | | | | | | |  | | |  |
| Name/Type of Device(s): | | | | | | |  | | | | | | | | | | | | | Disposable | | |  |
| Description: | | |  | | | | | | | | | | | | | | | | | | | |  |
| Description: | | |  | | | | | | | | | | | | | | | | | | | |  |
| Type of Loan: | | | | Assessment & Equipment Trial | | | | | | | | | | | \*Specific Device Loan (30-day timeline) | | | | | | | |  |
| \*Date of Parental Consent on IFSP: | | | | | | | | | | | |  | | | \*Projected Start Date: | |  | | | | | |  |
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