

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)
PASRR Equipment Purchase Request

NAME		ASSESSOR'S NAME	
ADSA ID NUMBER	SHIPPING ADDRESS (CONFIRM WITH HQ PASRR PROGRAM COORDINATOR IF THE ADDRESS IS NOT THE REQUESTING PERSON'S OFFICE ADDRESS)		
FACILITY'S NAME		SHIPPING CITY, STATE, ZIP CODE	
FACILITY ADDRESS		CITY	STATE ZIP CODE
ASSESSOR'S PHONE NUMBER (INCLUDE AREA CODE)		DATE OF REQUEST	
What item is being requested?			
<input type="checkbox"/> Assistive technology: assistive technology consists of items, equipment, or product systems used to increase, maintain, or improve functional capabilities.			
<input type="checkbox"/> Therapeutic equipment and supplies: therapeutic equipment and supplies are equipment and supplies that are necessary to implement a behavioral support plan or other therapeutic plan, designed by an appropriate professional, such as a sensory integration or communication therapy plan, and necessary in order to fully implement the therapy or intervention.			
<input type="checkbox"/> Specialized medical equipment and supplies: specialized medical equipment and supplies are items which enable individuals to increase their abilities to perform their activities of daily living; or perceive, control, or communicate with the environment in which they live.			
<input type="checkbox"/> Other (describe):			

<p>What item(s) are you requesting? For P-Card purchases, please include link to the site where the item may be purchased.</p>	
<p>What will this service or item do for this client? What is the assessed need it will meet? Most requests will require a treating professional's recommendation regarding the need for the service. Treating professionals should have expertise in the area that relates to the underlying need for the service (e.g., a Speech and Language Pathologist for a service to meet a communication need).</p>	
<p>How does this need relate to the individual's intellectual disability or related condition?</p>	
<p>Who will train the individual to use this equipment? What is the schedule for the individual to use this equipment?</p>	
<p>How will this item be stored for the individual's access?</p>	
<p>How will the person's care plan be updated to include the use of this equipment?</p>	
<p><input type="checkbox"/> I am attaching a recommendation from a treating professional.</p>	
<p>The specialized services need is identified in:</p> <p><input type="checkbox"/> PASRR Level II</p> <p><input type="checkbox"/> PASRR Addendum</p> <p><input type="checkbox"/> PASRR Level II Follow-up</p>	<p>This request is:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Returned for additional information</p>
<p>ASSESSOR'S SIGNATURE _____</p>	<p>DATE _____</p>
<p>ASSESSOR'S PRINTED NAME _____</p>	