



Direct Service Request (Individual)

Date of Request: _____ Service Center: _____

Service Requested: _____

Service Provided: _____

Staff member providing service: _____

Date Service Delivery Completed: _____

Primary Functional Limitation related to SRI Request (Circle One):

Behavioral/Emotional | Breathing/swallowing | communication | health | hearing | neurological/cognitive | reaching/lifting | seeing | walking

Device Access (NOTE: Add additional DSR request if separate decision made or extension is for different purpose)

___ Device Loan Reason for Loan (Circle one): accommodation short term | Decision making | during device repair | Self-education | self-training | Waiting for funding | Other

Other reason: _____

Length of Loan: 1 month | 1 week | 2-4 weeks | 2-6 months

AT Device Category: _____

___ AT Demonstration AT Device Category: _____

___ Device Referral AT Device Category: _____

___ AT Training Primary Topic of Training: _____ Other topic (specify) _____

Reutilization Acquisition

___ Recycling MSRP _____ Cost to Consumer _____ AT Device Category _____

___ Fabricated AT MSRP _____ Cost to Consumer _____ AT Device Category _____

___ AT Repaired MSRP _____ Cost to Consumer _____ AT Device Category _____

___ Refurbishment MSRP _____ Cost to Consumer _____ AT Device Category _____

___ Open-ended Loan MSRP _____ Cost to Consumer _____ AT Device Category _____

State Financing

___ New AT Purchases MSRP _____ Cost to Consumer _____ AT Device Category _____

___ Computer Purchases MSRP _____ Cost to Consumer _____ AT Device Category _____

___ Fabricated New Purchases MSRP _____ Cost to Consumer _____ AT Device Category _____

Comments:

___ Success Story

___ Follow-up Follow-up Date: _____

AT Device Categories: speech communication | vision | hearing | computers and related | daily living | learning, cognition, and development | environmental adaptations | mobility, seating, and positioning | vehicle modification and transportation | recreation, sports, leisure | other