Assistive Technology/Environmental Modification Evaluation Request Form

Name of Individual: _______________________________ DDD ID #: _____________________ Date of Request: ________________________

Agency requested for evaluation: ____________________________________________________________ Cost: ___________________________

Please explain the purpose of the evaluation: ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please provide the description of services needed: ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Completed by: _______________________________ Date: ______________________

To be completed by the Division of Developmental Disabilities

☐ Denied ☐ Approved Completed by: _______________________________ Date: ______________________

If denied, reasoning and/or additional information needed for approval: ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________