

**Request for Transfer of Assistive Technology**

**Date:**

**Child’s Name:**

**The individual requesting the transfer of assistive technology for the child listed above must complete the following information.**

**Name:** **Phone:**

**Relationship to child:**

**I request the transfer of the following assistive technology: *(Be as specific as possible. Use additional sheets if necessary.)***

**Item name:** **Brand name:**

**Model or serial number:**

**This assistive technology will be transferred from:**

**Early Steps Region:**

**This assistive technology will be transferred to:**

**School/agency/person:** **District/County**

**Address:**

**Phone:**

**Parent/Caregiver signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency receipt /date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Signature: We acknowledge receipt of the written request.**

***(Must be signed and 1 copy returned to parent/caregiver within 10 working days)***

**Agency Certification of Assistive Technology Transfer Decision**

**The Early Steps of the** **Region**

**[ ]  approves (complete section 1 only)**

**[ ]  denies (complete section 2 only) the attached assistive technology (AT) transfer request**

**Section 1: (Local Early Steps to complete for approval of transfer)**

**\_\_\_\_\_\_Does not request reimbursement for the AT being transferred.**

**\_\_\_\_\_\_Requests reimbursement for the AT being transferred at the amount of $\_\_\_\_\_\_\_\_\_\_\_\_.**

**We have mutually agreed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as the transfer date.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Receiving Agency**

**Date of Notification of transfer date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent/caregiver must be notified within 30 working days of original request.)**

**The receiving agency will assume responsibility for support, maintenance, repair, or replacement of the device as of the date of transfer.**

**Section 2: (Complete for denial of transfer)**

**Please provide reasons for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Agency Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**