



**NYC EARLY INTERVENTION PROGRAM  
ASSISTIVE TECHNOLOGY INFORMATION EXCHANGE FORM**

The **Requesting Therapist** must complete the applicable fields of this form when your EI services will terminate with this EI child and family AND you are:

- providing oversight to an assistive technology device (ATD) AND/OR
- awaiting vendor assignment or ATD delivery AND/OR
- awaiting authorization on a submitted AT request packet.

Submits this completed form and your last session note to your Agency AT Coordinator no later than one (1) week prior to the last date of service.

The **Agency AT Coordinator** must submit this form to the Service Coordinator no later than **2 business days** after the Requesting Therapist’s last service session with the child.

The **Service Coordinator** must send this form to the NYC BEI ATU via HCS Secure File Transfer to HIN ID: **ATUnit** within 2 business days of receipt.

Child’s Name (last, first):	EI#:	DOB:
Current Rendering Therapist’s Name and Credentials:		
Provider Agency of Current Rendering Therapist:		

**Part A: Complete this section, as applicable, if you are currently providing oversight to an ATD**

Check Vendor Type:	Durable Medical Equipment Vendor	EI Dispensary	Orthotic Vendor
Vendor Name:			
Exact Name of ATD:			
1. Indicate the IFSP outcomes related to this ATD use that have increased, maintained or improved this child’s functional abilities:			
2. Explain how the ATD is being used:			
a. Provide the schedule of use:			
b. Indicate the routine activities during which the device is used:			
c. Identify the location where the device is used:			
d. List the names of caregivers trained on device use:			
3. Describe any and all precautions related to the safe use of the ATD as it relates to this child’s unique needs:			
4. Additional information not addressed above:			

**Part B: Complete this section if you are awaiting vendor assignment or Assistive Technology Device delivery**

1. Are you awaiting vendor assignment? If yes, name the device/s:
2. Are you awaiting delivery on an authorized device? If yes, name the device and the vendor assigned to provide it:

**Part C: Complete this section if you have submitted an AT request packet which is pending authorization.**

AT Device requested:
Date of Submission to the NYC BEI ATU:

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<p><b>Agency AT Coordinator:</b> Ensures that this form is completed by the <b>current Rendering Therapist</b> who is terminating their EI services to the EI child and family and is:</p> <ul style="list-style-type: none"> <li>• providing oversight on an assistive technology device (ATD) and/or</li> <li>• awaiting vendor assignment or assistive technology device delivery and/or</li> <li>• awaiting authorization on a submitted AT request packet.</li> </ul> <p>This form ensures that critical information about the child and family’s use or identified need of an ATD is communicated to the new individual rendering EI therapist.</p> <ul style="list-style-type: none"> <li>• The <b>current Rendering Therapist</b> must complete and submit this form to their Agency AT Coordinator along with their last session note within one (1) week of the last date of service.</li> <li>• The <b>Agency AT Coordinator</b> must submit this form to the Service Coordinator no later than two (2) business days after the <b>current Rendering Therapist’s</b> last service session with the child.</li> <li>• The <b>Service Coordinator</b> must send this form to the NYC BEI ATU via HCS Secure File Transfer to HIN ID: <b>ATUnit</b> within 2 business days of receipt.</li> </ul>	
<b>Child’s name, EI #, DOB</b>	Make sure that all identifying information is correct (do not use a nickname)
<b>Current Rendering Therapist name, credentials</b>	Provide the name and credentials (e.g., SLP, TSHH, DPT) of the current rendering therapist completing this form
<b>Provider Agency of current Rendering Therapist</b>	Provide the name of the EI provider agency through which the current rendering therapist is assigned for this child’s EI services.
<b>Complete Part A, B, and/or C as it applies to this child</b>	
<b>Part A:</b> Complete this section if the current rendering therapist is providing oversight to an assistive technology device in current use by the child.	
<b>Check Off Vendor Type</b>	<b>Check to indicate to indicate if vendor that provided the ATD is a Durable Medical Equipment Vendor, Orthotic Vendor or EI Dispensary</b>
<b>Name of Vendor</b>	Document the DME/orthotic vendor name or the EI Dispensary that provided the ATD.
<b>Exact Name of ATD</b>	Document the name of the manufacturer and model of the ATD.
<p>Complete the following questions. Use additional pages of this form as necessary to provide full responses to each question.</p> <ol style="list-style-type: none"> <li>1. Identify the <u>functional abilities</u> from the child’s current IFSP that are facilitated or improved by use of this device.</li> <li>2. Explain how the ATD is integrated into the child’s daily routines. What routine activities are supported by the child’s use of the ATD?             <ol style="list-style-type: none"> <li>a. Provide the <u>current schedule for the use of</u> the ATD.</li> <li>b. Indicate the <u>routine activities</u> during which the child uses the device</li> <li>c. Identify <u>where</u> the child uses the device.</li> <li>d. Specify the <u>individuals by name</u> who have been trained on the use of this ATD for the child’s safe use.</li> </ol> </li> <li>3. Identify any and all precautions related to this child’s ongoing use of the ATD.</li> <li>4. Provide any other information that would be helpful to the next rendering provider.</li> </ol>	
<b>Part B:</b> Complete this section if the current rendering therapist is awaiting vendor assignment OR the delivery of the ATD. Complete the following questions. Use additional pages of this form as necessary to provide full responses.	
<ol style="list-style-type: none"> <li>1. If the device has been authorized by the NYC BEI ATU based on the submission of an AT request packet and you are awaiting the assignment of a specific vendor, reply “YES” to question 1.             <ul style="list-style-type: none"> <li>• If you have replied “YES”, provide the category of ATD for which you are awaiting a vendor assignment.</li> </ul> </li> <li>2. If the device has been authorized by the NYC BEI ATU based on the submission of an AT request packet, the vendor has been assigned, but the device has not yet been delivered, reply “YES” to question 2.             <ul style="list-style-type: none"> <li>• If you have replied “YES”, provide the name of the device and the vendor company name that will provide it.</li> </ul> </li> </ol>	
<b>Part C:</b> Complete both questions if you have submitted an AT request packet which has not yet been authorized. Complete the following questions. Use additional pages of this form as necessary to provide full responses to each question.	
<ol style="list-style-type: none"> <li>1. Provide the name of the device that is pending authorization.</li> <li>2. Provide the date of the AT packet submission to the NYC BEI ATU.</li> </ol>	