

**TBI Fund
Supplemental Equipment Request Form**

This form should be completed with the assistance of a professional (Physical or Occupational Therapist or Certified Occupational Therapy Assistant or Licensed Physical Therapy Assistance, Assistive Technology Practitioner, etc.). If you do not have a therapist familiar with your case available to assist you, an equipment assessment can be requested free of charge from PARI Independent Living Center at 725-1966.

Date: _____
Name: _____ **Social Security #:** _____
Weight: _____ **Height:** _____

Requested Equipment (be specific i.e. include model #, additional accessories needed, etc.):

***Please attach additional vendor or manufacturer product information if available**

Cost of equipment (including accessories):

Proposed equipment vendor or supplier:

Does the individual meet the height and weight requirements for safe use of this particular piece of equipment?

Has this equipment be tried, was the individual able to utilize safely (please briefly detail the results of the trial use):

Was any assistance required for the individual to utilize the equipment (will assistance be available on a regular basis for use of the equipment):

If unable to complete a trial use, how was the determination made that this would be a suitable piece of equipment (please provide the results of functional assessment or simulation):

Additional Comments/Information (optional)

Consumer Signature

Professional Signature