

# Agency Information



Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ TDD # \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_ Hours & Days of Operation \_\_\_\_\_

## Service Region:

\_\_\_\_\_ Statewide \_\_\_\_\_ New Castle \_\_\_\_\_ Kent \_\_\_\_\_ Sussex \_\_\_\_\_ Other (please specify): \_\_\_\_\_

If your agency has multiple locations please provide addresses and phone numbers for each location.

Location

Phone #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ages served: \_\_\_\_\_ Birth -3 yrs \_\_\_\_\_ 3-12 yrs \_\_\_\_\_ 13-18 yrs \_\_\_\_\_ 18-59 yrs \_\_\_\_\_ 60+ yrs

## Expertise with the following:

\_\_\_\_\_ Developmental Disabilities (mental retardation)

\_\_\_\_\_ Learning Disabilities

\_\_\_\_\_ Orthopedic Disabilities

\_\_\_\_\_ Hearing Impairments

\_\_\_\_\_ Visual Impairments

\_\_\_\_\_ Acquired Neurological Impairment

\_\_\_\_\_ Mental Health

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Can your services be billed to a third party payer? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, are you an authorized provider for: (check appropriate boxes)

\_\_\_\_\_ Medicare

\_\_\_\_\_ Medicaid Fee for Service

\_\_\_\_\_ Medicaid Managed Care (please specify) \_\_\_\_\_

\_\_\_\_\_ If you checked Medicaid Managed Care, are you currently enrolled with First State?

\_\_\_\_\_ Commercial Insurance

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Do you offer a reduced rate to consumers based on their income? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you offer services at no charge to the consumer? \_\_\_\_\_ yes \_\_\_\_\_ no

Completed by: \_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Over →

**Agency Name:** \_\_\_\_\_ **Agency:** Please indicate which of the following AT services your agency provides. (x)

Activities⇒  Services ↓	Evaluation	One on one intervention/ client training	Equipment Loan	Product Demo	Equipment Modification/ Customization	Equipment Sales/Rental	Equipment Fabrication	Equipment Maintenance or Repair	Equipment Recycling	Funding Information and Advocacy
Seating & Positioning										
Mobility										
Adaptive Driving										
Vehicle Modification										
Self Care/Activities of Daily Living (ADLs)										
Computer Access										
Computer Based Skill Development										
Adaptive Sports										
Adaptive toys/Games										
Assistive Listening										
Augmentative and Alternative Communication										
Low Vision Aids										
Environmental Control/Switches										
Educational Access Accommodations										
Reading										
Writing										
Math										
Memory/Organizational Aids										
Architectural Accessibility										
Home										
Public Areas										
Worksite Modifications										
Prosthetics/Orthotics										
Other (please specify)										

Please return your completed form to DATI, UDEL/duPont Hospital, P. O. Box 269, Wilmington, DE 19899-0269 or fax to (302) 651-6793