

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

Please return your completed form in the enclosed business reply envelope or mail first class to DATI, UDEL/duPont Hospital, P. O. Box 269, Wilmington, DE 19899-0269.