

**enTECH's First Steps  
Assistive Technology  
Order Form**

Date of Request: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Medicaid?  Yes  No

Child's Name: \_\_\_\_\_ CBIS #: \_\_\_\_\_

Primary Service Coordinator: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Requesting Therapist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Quantity	Item #	Description of Item	Unit Price
		<b>Total:</b>	

Mail Items To: \_\_\_\_\_  
Address: \_\_\_\_\_

Justification for items:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_