Send Complete Packets To:
North Carolina Assistive Technology Program |
Intake Coordinator | 2801 Mail Service Center| Raleigh, NC 27699-2801
Phone: 919-855-3613 | FAX: 919-715-1776

Referral for Services
North Carolina Assistive Technology Program

Person Making the Referral: (This person will be contacted if we have questions)

Date:	
Contact Person:	
Organization Type: Choose One	
Organization Name:	
Address:	
City, State, Zip:	
Phone#:	Fax #:
Email:	

Services to be completed: Chooose one	

Service Request (Check all that apply)

Choose an item. Choose one
If Receiving an AAC Report: Will you be submitting to a Medical Insurance Carrier? *See Pg. 3 for explanation ☐ yes ☐ no
If requesting AAC service, please include ICD 10 Medical Diagnosis Code and Communication Diagnosis Code: Medical Code_____/ Communication Code_____

Reason for Service Request (Please be specific, assessment, training, consult, etc.)

Consumer Information: (Person to Receive Services)

Consumer Name:		
Address:		
City, State, Zip:		County:
Home Phone #:	Work Phone:	
Email:		
Educational Level:		
DOB:	Age:	Race:
Employment Status:	Choose one	
Parent/Guardian:		

Health Condition (Mark all that apply)

☐ Aging	☐ CVA/Stroke	☐ Intellectual Disability	☐ Spinal Cord Injury
☐ Amputation	☐ Deaf	☐ Learning Disability	☐ Traumatic Brain Injury
☐ At Risk	☐ Deaf-Blind	☐ Mental Illness	☐ Visual Impairment
☐ Autism	☐ Developmental Delay	☐ Neurological Disease	☐ Other
☐ Blind	☐ Genetic Disorder	☐ Orthopedic Disorder	☐ Other
☐ Cerebral Palsy	☐ Hard of Hearing	☐ Repetitive Stress Injury	☐ Other

Other Services (Mark all that apply)

Types of Services	Source (Agency/Therapist/Contact) / Frequency
☐ Occupational Therapy	
☐ Speech Therapy	
☐ Physical Therapy	
☐ Psychological Services	
☐ Vocational Rehabilitation	
☐ Other:	
☐ Other:	

List previous AT Experience **(Please bring all currently used assistive devices to the appointment.)

Please submit the following along with this referral form:

1. Authorization that commits to payment of the service fee (Example: Purchase Order, Agency Service Authorization Form, Letter from Authorizing Party, Financial Policy Acknowledgement Form)

2. Copies of current evaluations/medical information pertinent to this evaluation process. (Example: evaluations from school system, individual educational plans, evaluations conducted by private therapists (OT/PT/SLP), doctor's records, Audiograms, Audiology reports, etc.)

Notes on Augmentative Communication Evaluations:

1. If you plan to purchase equipment through insurance, please contact them about their policy on who must write the report. Some insurance companies require an Augmentative Communication Report be written by a Speech Language Pathologist.

2. You MUST include the ICD 10 Medical and Communication diagnosis code on page one for all AAC services.

3. Please include most recent SLP/OT/PT or Psychological evaluations.

Refer questions to the Intake Coordinator at 919-855-3613 or ATIntake@dhhs.nc.gov
Please review the "Code of Conduct" below with prior to sending in the referral packet.

Signature of Referring Party	Date

CODE OF CONDUCT

In order to maintain a safe and supportive environment for our staff and customers we ask that you comply with basic safety requirements. While we encourage active participation and communication, we do ask that this be done in a civil manner even when there are disagreements or uncomfortable discussions taking place. Should you have concerns about how staff is relating to you that you are unable to work out with staff, you are encouraged to talk with the local supervisor or the NCATP Director at 919-855-3544 or with the Client Assistance Program 1-800-215-7227. You are always welcome to bring an advocate or family member with you should you desire.

We have listed below a list of behaviors that are not acceptable for anyone in contact with our staff either in the office or in the community. These same expectations apply for our staff as well. It should be noted that violation of this code of conduct may result in immediate termination of services from the NCATP. In addition, law enforcement authorities may be contacted, and appropriate legal action taken should a violation occur.

NO WEAPONS: NO THREATS, VERBAL OR PHYSICAL: NO AGGRESSIVE BEHAVIOR, VERBAL OR PHYSICAL: NO HARASSMENT