**Purchase Request for**

**Assistive Technology, Environmental Modification, or Vehicle Modification**

Completed after evaluation has been conducted, if applicable, and submitted with result(s) of evaluation and bid(s).

**Name of Individual: DDD ID#: Date of Request:**

**Please describe requested Assistive Technology, Environmental Modification, or Vehicle Modification item/service:**

**Entity providing assistive technology/environmental modification/vehicle modification:**

**Cost of item/service:**

**Has an evaluation been completed (*not necessary for vehicle modification requests*)?** [ ]  **Yes** [ ]  **No**

**If yes, please provide a copy of the evaluation.**

**If no, please complete an Assistive Technology/Environmental Modification Evaluation Request Form unless approval was provided to move forward without an evaluation.**

**Have associated quotes/bids been uploaded to iRecord?** [ ]  **Yes** [ ]  **No**

 **If no, please ensure that these documents have been uploaded.**

**Request completed by:**

*Please note that requests can be approved up to the amount available in the Individual/Family Supports component of the budget. If additional funding is needed, it can be provided by the family or other resources, if available.*