|  |  |
| --- | --- |
| Birth To Three | **OakHillNeat_horLogo_2955_3125** |

 NEAT Trial Agreement (3-13)Form

**Vendor Equipment Trial** *(Short Term)*

**Oak Hill’s NEAT Equipment Restoration Center (ERC), has a limited supply of vendor owned adaptive equipment that can be borrowed by Birth to Three providers to help in the assistive technology assessment process.**  Birth to Three providers can have access to and borrow from this inventory utilizing this form: 3-13.

The adaptive equipment requested on this form is for trial purposes only and can be trialed for up to 4 weeks. This device should be returned to NEAT once the trial period has concluded. *Consideration should be given to the age of the child with regard to the timeline for borrowing equipment (*CT. Birth to Three Assistive Technology Procedure)*.*

The Birth to Three provider is responsible for returning the equipment to NEAT, in good condition with all of the equipment pieces and accessories intact.

**Birth to Three Contact Information**

|  |  |
| --- | --- |
| Birth to Three Interventionist Signature |  |
| Birth to Three Interventionist Name (Printed) |  |
| Title/Role |  | Provider Agency  |  |
| Address |  |
| Phone |  | Email |  |

**Birth to Three Trial of Assistive Technology Device process:**

1. Determine that this trial will help identify whether the device will meets the needs of the child and is consistent with CT Birth to Three Procedures for Assistive Technology.
2. Complete this Trial Agreement Form, 3-13 and return it to NEAT via email at NEAT.B23@oakhillct.org or by mail at NEAT, 33 Coventry St. Hartford, CT, 06112. Incomplete forms will not be processed.
3. **Identify a specific equipment request (contact NEAT to determine what vendor equipment is available for trial):**

|  |
| --- |
|  |

**How would you like to obtain your trial device?**

|  |
| --- |
| **Adaptive Equipment** Options |
|  | Birth to Three Provider will pick up at NEAT |
|  | Deliver to Birth to Three Provider Agency, at address listed above. |
|  | Deliver **oversized** equipment to the Family’s address listed below. **\*See important information below.** |

**\*** Upon delivery of equipment, an interventionist MUST be available to sign as a representative of the Birth to

 Three Provider agency. Equipment will NOT be left without a representative present.

**Family Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name |  | Child’s Birth Date |  |
| Child’s ID/Case # |  | Birth to Three Exit Date |  |
| Parent/Guardian Name |  | Primary Language |  |
| Address |  |
| Phone |  | Email |  |

**NEAT USE ONLY**

**Assistive Technology Trial Device Description**

|  |
| --- |
| **Identify Device:** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **Loan Start Date:** |  |

**Acknowledgement of Delivery of Trial Device**

|  |  |
| --- | --- |
| **Birth to Three Provider’s Signature** |  |
|  |  |
| **NEAT Staff’s Signature**  |  |
| **Date Delivered** |  |