

place photo of child
using equipment here

Name of equipment:

Made by:

Purchased from: catalog internet individual

DME provider _____
company name/website

Borrowed through: _____

Considered standard DME? yes no

Category: _____

Funded by: Self Medicaid Waiver

Insurance Other _____

Funding tips for this piece:

Modeled by _____ in _____
child's name *year*

Does your child enjoy spending time in/with this? yes no somewhat

Do you recommend it to others? definitely maybe in certain cases not really no!

What would you recommend instead? _____

Pros:

Cons:

Other useful information: