



State of Utah
Department of Workforce Services
INDEPENDENT LIVING / ASSISTIVE TECHNOLOGY PROGRAM
AVAILABILITY OF COMPARABLE SERVICES AND BENEFITS

Consumer name: _____

Service requested: _____

Is the consumer eligible to have the requested assistive technology paid for by any other organization? Describe efforts to identify other potential sources of funding for assistive technology:

Vocational Rehabilitation:

Medicare (list type of benefit and how verified):

Medicaid:

Schools:

Religious Organizations:

Veterans Administration:

Private Insurance:

Worker's Compensation Fund:

Community Based Organizations:

Other:

I certify that I have pursued all possible funding sources to my knowledge that may provide funding for the requested AT. If the consumer is eligible for another funding source and the other funding source was not used, I have written a case note outlining the circumstances which led to this decision.

/s/ _____
IL Coordinator Signature _____
Date

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.