



The Arc Baltimore Assistive Technology Referral Form

Individual Information

First Name: _____ Last Name: _____

Date of Birth: _____ Today's Date: _____

Diagnosis: _____ Age: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Referral Information

Person Making Referral: _____
 Relationship to Individual: _____
 Address if different from Individual: _____
 Phone: _____
 E-Mail Address: _____

Please describe the reason for Assistive Technology Referral:

Please describe any current or previous use of Assistive Technology:

Please list general availability for appointment:

Desired Appointment Location:
 The Arc Baltimore
 7215 York Road, Baltimore MD 21212
 Other: _____

Is the individual currently served in The Arc Baltimore's programs? Yes No

Billing Information

Assistive Technology Service Fees:

Assistive Technology Assessment	\$250.00
Assistive Technology Configuration/Training	\$75.00/hour
Name of device: _____	
Travel fees for any service outside of The Arc Baltimore	\$20.00/hour

Please indicate where to send the invoice:

- Individual Person making referral
- Other: _____

Send invoice via:

- Email Mail

Signatures

Individual
Signature: _____ Date: _____

Guardian
Signature if
applicable: _____ Date: _____

Please return this completed referral form to The Arc Baltimore's Assistive Technology Department by:

Mail:
The Arc Baltimore
7215 York Road
Baltimore MD 21212
ATTN: Daphni Steffin

Fax:
443-279-3415

Email:
dsteffin@thearcbaltimore.org

You will be contacted to schedule an appointment. Thank you!

Achieve with us.[®]