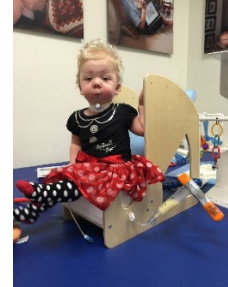


# The ADAPT Shop

*Finding the right equipment to support young children with disabilities.*



**We serve children Birth through 5**

Southwest Human Development's ADAPT Shop provides **custom equipment** expertise from a pediatric therapy team who can identify, modify, design and fabricate adaptive equipment to meet a young child's needs.

The ADAPT shop offers families and professionals a **loan closet** to try equipment before purchase. Loans can help to ensure equipment is the best match for specific needs. Items include adapted toys, switches, communication books and dynamic systems, seating, walkers, standers, and gait trainers. If you're interested in the Loan Closet, please call 602-468-3430 or email [coe@swhd.org](mailto:coe@swhd.org)

## Referral process:

**Step 1:** Fill out the referral form below. If you have any questions, please contact 602-468-3430.

**Step 2:** Obtain a prescription from the primary care physician (PCP) authorizing:

*Evaluation and treatment by a licensed occupational/physical therapist for assessment and training of Assistive Technology equipment for up to 12 hours over the next 12 months.*

- For communication-related needs authorization is required from a health care plan to complete a speech evaluation.

**Step 3:** Email or fax the completed referral form and PCP prescription to the ADAPT Shop at: [coe@swhd.org](mailto:coe@swhd.org) or by fax to 602-633-8198.

- Note: For children ALTCS eligible, the DDD/Service Coordinator (SC) authorizes services through the DDD FOCUS system.
- If applicable, please include the following information along with the referral form and the prescription:
  - Most recent IFSP or ISP
  - Current Quarterly Reports



## ADAPT Shop Referral Form

Person Completing Referral Form

Date:

Name:

Phone:

Email:

Service/Support Coordinator

Name:

Phone:

Email:

### Parent/Guardian Information:

Name:

Phone:

Email:

Address:

City & State:

Zip Code:

Preferred Day(s) for appt:

Mon  Tues  Wed  Thurs

### Child Information:

First Name:

Last Name:

DOB:

### Insurance Information:

Health Plan:

Policy Holder Name & DOB:

Member ID/Policy#:

Group#:

PCP Name:

Phone:

Fax:

Referring Therapist:

Phone:

Email:

Therapy Services your child receives:

ST  OT  PT  None

How may ADAPT Shop assist you:

Primary Diagnosis:

Secondary Diagnosis:

Medical Specialists:

Past/Current Surgeries:

Illness/Hospitalizations:

Medications:

Sensitivities (lights, noise, touch, textures):

Allergies (materials; food):

Respiration/breathing concerns:  No  Yes, please explain:

Swallowing/feeding concerns:  No  Yes, please explain:

If diagnosed with Cortical Vision Impairment (CVI), describe visual function:

**Physical:**

- Ability to hold head up:  Good  Fair  Poor
- Ability to sit without support:  Good  Fair  Poor
- Muscle tone in arms/hands:  Floppy  Average  Stiff  Varies
- Muscle tone in legs/feet:  Floppy  Average  Stiff  Varies
- Ability to use hands:  Unable  Right only  Left only  Limited  No difficulty
- Balance:  Steady  Fair  Poor  Falls Frequently
- Walking ability:  Independently  With assistance  Does not walk
- Other information:

**Communication:**

- Present communication ability:  Vocalizations  Sign Language  Facial Expressions  
 Single words  Word combinations  Gestures  Eyes
- Responds to communication:  No  Inconsistent  Consistent
- Gains attention:  No  Inconsistent  Consistent
- Expresses wants and needs:  No  Inconsistent  Consistent
- Makes choices:  No  Inconsistent  Consistent
- Asks questions:  No  Inconsistent  Consistent
- Recognizes/discriminates symbols and/or pictures:  No  Inconsistent  Consistent
- Ability to follow simple directions:  Good  Fair  Poor  Inconsistent
- Ability to follow multi-step directions:  Good  Fair  Poor  Inconsistent
- Other information:

**Current adaptive (AT) equipment:**

- AFOs Brand/Type:
- Adaptive Stroller Brand/Type:
- Walker Brand/Type:
- Stander Brand/Type:
- Gait Trainer Brand/Type:
- Hand Splints Left and/or Right (circle one)
- Communication system, explain:

Other:

Other: