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

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 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:

Are you the referring therapist? ◯ Yes ◯ No

Service/Support Coordinator

Name: Phone: Email:

Is the child currently DDD/ALTCS eligible? ◯ Yes ◯ No

Parent/Guardian Information:

Name: Phone: Email:

Address: City: Zip Code:

Are you traveling from a long distance (100 miles or more)? ◯ Yes ◯ No

Preferred Day(s) for appt (only available these days): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

Are any accommodations needed for parent(s) (language or physical)?

Child Information:

First Name: Last Name: DOB:

Primary Insurance: Policy Holder Name & DOB:
Member ID/Policy#: Group#:

Secondary Insurance: Policy Holder Name & DOB:
Member ID/Policy#: Group#:

PCP Name: Phone: Fax:

Therapy Services the child receives: ☐ ST ☐ OT ☐ PT ☐ None

Primary Diagnosis: Secondary Diagnosis:

How may the ADAPT Shop assist you? Please share any precautions, weight bearing or ROM limitations.

Are you looking to try out a specific piece of durable medical equipment? ◯ Yes ◯ No

If yes, what is the piece of equipment?