

New Jersey Traumatic Brain Injury Fund Referral for Assistive Technology Services To Advancing Opportunities

Entity: Division of Disability Services - The TBI Fund _____ Date: _____

Consumer (Eligible Fund services recipient)

Name:			
If applicable, Parent/Guardian Name:			Relationship:
Home Add:			
City:	State: <u>NJ</u>	Zip:	County:
Phone:			
DOB:	Gender:	Disability:	
<input type="checkbox"/> Please send a copy of the report to consumer.			

TBI Fund Case Manager

Name:			
Organization:			
Address:			
City:	State: NJ	Zip:	
Phone #	Fax #:		
E-Mail			

Service Requested

Evaluation

_____ Assistive Technology: evaluations, including computer access (alt to standard keyboards and mice), technology to support reading and writing, accessibility, etc.

Describe: _____

Support/Training (called "Technical Assistance;" can include assistance with set-up, training, integrating device use into daily activities)

_____ # Hours Requested,

What would the service recipient like to be able to do, that they cannot do now?

--

Key People (i.e., people who would implement recommendations)

Name	Relationship	Phone #	E-mail

Additional information we should know:

--

To make a referral:

Step 1: Service must be pre-approved by The Fund. Advancing Opportunities (CP of New Jersey) must be in receipt of an official Fund award letter.

Step 2: Complete this form and mail or fax it to:

Advancing Opportunities
 Attn: ATS Administrative Assistant
 1005 Whitehead Road Extension
 Suite #1
 Ewing, NJ 08638
 (f) 609-882-4054

You will be contacted in order to gather further background information, and confirm all the people involved If you have any questions, please give us a call: 888-322-1918, x595.

For Advancing Opportunities Staff Only:

<i>Primary Staff Contact:</i>	
<i>Service Type:</i>	<i>Service Subject:</i>
<i>Service Location:</i>	<i>Source: <u>FFS-Other</u></i>