

Assistive Technology

PRODUCTS AND SERVICES

Communication Devices Program Desired Equipment Form

Deer Lodge Centre (DLC) 2109 Portage Ave. Winnipeg, MB R3J 0L3 Tel. (204) 831-3430

Clinic Loan – check out to clinician Trial/Rental – check out to clinician Request for: Clinic Loan Trial Rental – check out to clinician Trial/Rental – check out to clinic Loan Trial Rental – check out to clinic Loan Trial Rental – check out to clinic Loan Trial/Rental – check out to clinic Loan Trial Rental – check out to clinic Loan Trial/Rental – check out to clinic Loan Trial Rental – check out to clinic Loan Trial Rental – check out to clinic Loan Trial/Rental – check out to clinic Loan Trial/Re	tal <mark>iipm</mark> Y Y									
Date you (clinician) would like equipment by CLINCIAN DESIRES EQUIPMENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by CHECK OUT TO CLIENT BY: Date you anticipate the client will receive equipment by C	<mark>iipm</mark> I Y Y									
CLINCIAN DESIRES EQUIPMENT BY: D	Y Y									
Please check ALL desired options, (i.e. Device, Software/Apps, Access, Mounting, etc) Please use this form to specify the equipment, software and access method (if applicable) you are requesting SPEECH-GENERATING DEVICE: SOFTWARE/APPS: ACCESS:	σ.									
☑ <i>iDevice</i> : ☐ iPad ☑ iPad Mini ☐ iPod touch ☐ Communicator 5 (Windows) ☐ Direct (touch screen/butto										
	ns)									
□ <i>Tobii DynaVox</i> : □ ind □ I-110 □ I-12+ □ The Grid 3 (Windows) ☑ Stylus (see below)										
□ Vmax+ □ Maestro □ Predictable (iOS/ Windows) □ Switch (see below)										
☐ Talk Tablet ☑ Proloquo4Text (iOS) ☐ Mouse Alternate (see below	w)									
□ <i>Jabbla Tellus</i> : □ 4 □ 5 ☑ Flip Writer (iOS) □ External Keyboard(see belo	w)									
□ <i>Lightwriter:</i> □ QWERTY □ ABC □ Speech Assistant (iOS) □ Other:										
Keyguard: ☐ Raised Keys ☐ Deep Keys ☐ Flush ☐ Snap + Core (iOS/Windows) MOUNTING:										
□ <i>GoTalk</i> : □ Pocket □ One □ 9+ □ 20+ □ Express 32 □ Proloquo2Go (iOS) □ Not applicable										
□ <i>QuickTalker</i> : □ 7 □ 12 □ 23 □ Touch Chat (iOS) ☑ Device Mount (see reverse	·)									
□ <i>Step-by-Step</i> : □ Little □ Big □ GoTalk Now (iOS) □ Switch Mount (see reverse)									
□ Other: □ Pictello (iOS)										
DESIRED VOICE: ✓ Specific: Heather ∨ery High Pitch (childlike) ✓ High Pitch (often described as 'feminine') □ Low Pitch (often described as 'masculine') NON SPEECH-GENERATING DEVICE REQUESTS: Voice Amp: □ Mini Buddy (8 Watts) □ Spokeman (5 Watts) Microphone Style: □ large headset □ small headset □ lapel □ gooseneck □ ear hook										
FOR iDEVICE REQUESTS:										
Place desired app(s) on bottom bar: ☑ Y ☐ N Remove all other speech-generating apps: ☑ Y ☐ N Desired case: ☑ Protective (i.e. Otterbox) ☐ Lightweight (i.e. EVA) ☐ Shoulder Strap ☑ Mountable: ☑ Daessy, ☐ IDEAS ☐ Specific Case Name (if known)										
FOR ALTERNATE ACCESS REQUESTS:										
Stylus: □ Standard ☑ T-bar □ Flexible □ Other:										
Switch: Jellybean Ultra-light Candy Corn Other:										
External Keyboard: Large Key Bluetooth Compact Other:										
Interface: Tapio Joy Cable Blue2 Other:										
Mouse Alternate: Head Mouse Extreme Trackball Trackpad Other:										
Internal use ONLY NAV Code: Completed by: Date: Date: Provision Method:	_ !									



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	Client Last Name	Client First Name			<mark>9 digit PHIN</mark>			
Client Name: _				PHIN:			Ш	
Mounting Equi	ipment Request:							
		rs below in "Special In	structions")					
☐ Locline ☐ [Daessy STEM Syster	n □ IDEAS tube & soc	ket					
☑ Device Moun	nt							
☐ Rolling Floo	or Mount:							
□ Roun	d Base (Ideas), OR	☐ U-shape Base (Daes	ssy), 🗆 32" 🗆 36" & 🗆 Tall 🗆 Reg	ular				
☐ Desk Moun	nt: □ Daessy □ IDE	AS						
☐ Suction Mo	ount (available for i	Pevices only)						
☑ Chair Mour	nt (enter particulars	below, if known)						
☑ Daessy Moui	nting Options:			_				
			Part Number/Description					
Frame Clamp Ir	nner Piece		UFC1000IP					
Frame Clamp O	outer Piece		ROP					
Receiver			RFCR					
Spacing/Positioning (i.e. # of O3L, SPCR)			2 x O3L					
Straight or Offset Tubing Vertical (length)			Offset – 24"					
Straight Tubing Horizontal (length)			Straight — 14"					
Type of Elbow			RTH+2RTHTM					
Type of Quick R	Release Base		TUSB with handle					
Other								
☐ <u>IDEAS Mount</u>	ting Options:			7				
			Part Number/Description					
Frame Clamp Ir								
Frame Clamp O	outer Piece							
Receiver								
Arm (i.e. Lift &	<u> </u>							
Type of Quick R	Release Base							
Other				<u> </u>				
		_						
Special instruct	ions and/or request	ts for mounting:						