Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg

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

Client Name: _____ **PHIN:** |_|_|_|_|_|_|_|_|_|_|_|_|

Clinician: _____ **Request for:** ☐ Clinic Loan ☐ Trial ☐ Rental

CLINCIAN DESIRES EQUIPMENT BY: |_|_|_|_|_|_|_|_| (D D M M M Y Y Y Y) **CHECK OUT TO CLIENT BY:** |_|_|_|_|_|_|_|_| (D D M M M Y Y Y Y)

Please use this form to specify the equipment, software and access method (if applicable) you are requesting:

SPEECH-GENERATING DEVICE:

☐ ***iDevice***: ☐ iPad ☐ iPad Mini ☐ iPod touch
☐ ***Tobii DynaVox***: ☐ ind ☐ I-110 ☐ I-12+
☐ Vmax+ ☐ Maestro
☐ Talk Tablet
☐ ***Jabbla Tellus***: ☐ 4 ☐ 5
☐ ***Lightwriter:*** ☐ QWERTY ☐ ABC
Keyguard: ☐ Raised Keys ☐ Deep Keys ☐ Flush
☐ ***GoTalk***: ☐ Pocket ☐ One ☐ 9+ ☐ 20+ ☐ Express 32
☐ ***QuickTalker***: ☐ 7 ☐ 12 ☐ 23
☐ ***Step-by-Step***: ☐ Little ☐ Big
☐ Other: _____

SOFTWARE/APPS:

☐ Communicator 5 (Windows)
☐ The Grid 3 (Windows)
☐ Predictable (iOS/ Windows)
☐ Proloquo4Text (iOS)
☐ Flip Writer (iOS)
☐ Speech Assistant (iOS)
☐ Snap + Core (iOS/Windows)
☐ Proloquo2Go (iOS)
☐ Touch Chat (iOS)
☐ GoTalk Now (iOS)
☐ Pictello (iOS)
☐ Other: _____

ACCESS:

☐ Direct (touch screen/buttons)
☐ Stylus (see below)
☐ Switch (see below)
☐ Mouse Alternate (see below)
☐ External Keyboard(see below)
☐ Other: _____

MOUNTING:

☐ Not applicable
☐ Device Mount (see reverse)
☐ Switch Mount (see reverse)

DESIRED VOICE: ☐ Specific: _____
☐ Very 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 (very durable i.e. Otterbox style) ☐ Lightweight (rubber/foam i.e. EVA style)
☐ Specific Case Name (if known): _____
Transport Method: ☐ Shoulder Strap ☐ Mountable: (☐ Daessy, ☐ IDEAS, ☐ Trident)

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: _____**
Provision Person: _____ Provision Method: _____

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Mounting Equipment Request:

☐ Switch Mount (Indicate particulars below in "Special Instructions")

☐ Locline ☐ Daessy STEM System ☐ IDEAS tube & socket

☐ Device Mount

☐ ***Rolling Floor Mount***:

☐ Round Base (Ideas), **OR** ☐ U-shape Base (Daessy), ☐ 32" ☐ 36" **&** ☐ Tall ☐ Regular

☐ ***Desk Mount***: ☐ Daessy ☐ IDEAS

☐ Suction Mount (available for iDevices only)

☐ Chair Mount (enter particulars below, if known)

☐ **Daessy Mounting Options:**

	Part Number/Description
Frame Clamp Inner Piece	
Frame Clamp Outer Piece	
Receiver	
Spacing/Positioning (i.e. # of O3L, SPCR)	
Straight or Offset Tubing Vertical (length)	
Straight Tubing Horizontal (length)	
Type of Elbow	
Type of Quick Release Base	
Other	

☐ **IDEAS Mounting Options**:

	Part Number/Description
Frame Clamp Inner Piece	
Frame Clamp Outer Piece	
Receiver	
Arm (i.e. Lift & Lock, M2X)	
Type of Quick Release Base	
Other	

Special instructions and/or requests for mounting: _____

_____

_____

_____