

**MISSOURI FIRST STEPS
SPOE ASSISTIVE TECHNOLOGY PRICING WORKSHEET**



CHILD NAME	DATE OF BIRTH	SERVICE COORDINATOR	DATE

IFSP INFORMATION

IFSP Dates: ____ / ____ / ____ to ____ / ____ / ____

Related Outcome(s): _____

Notice of Action Consent on File at SPOE: YES NO Date Signed: _____

Description of AT Item(s) Identified by IFSP Team: _____

Quantity Needed: _____

SPOE DIRECTOR USE ONLY

Loan

Date	Agency	Device	Return Date

Purchase **Rent**

Quotes for Obtaining Assistive Technology				
Date	AT Provider Name	HCPCS Code	Price Per Item	Total Price

SPOE Decision

Date	AT Provider Selected	Deliver To:	Comments
		<input type="checkbox"/> Family <input type="checkbox"/> SPOE <input type="checkbox"/> Provider <input type="checkbox"/> Other	

Authorization Dates: ____ / ____ / ____ to ____ / ____ / ____

Authorization(s) Entered By: _____

SPOE Director Signature/Date: _____