

## **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: Client Last Name Client First Name		9 digit PHIN PHIN:				
Clinician: First and Last Name/SLP, OT, CSW, etc		clinician Trial/Rental – check out to or: □ Clinic Loan □ Trial □ Rental				
Date you (clinician) would like equ	<u> </u>	ticipate the client will receive equipm				
CLINCIAN DESIRES EQUIPMENT BY:	CHECK OUT TO CLIE	NT BY:				
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:				
☑ <i>iDevice</i> : ☐ iPad ☑ iPad Mini ☐ iPod touch	☐ Communicator 5 (Windows)	☐ Direct (touch screen/buttons)				
□ <i>Tobii DynaVox</i> : □ ind □ I-110 □ I-12+	$\square$ The Grid 3 (Windows)	☑ Stylus (see below)				
□ Vmax+ □ Maestro	☐ Predictable (iOS/ Windows)	☐ Switch (see below)				
☐ Talk Tablet	☑ Proloquo4Text (iOS)	☐ Mouse Alternate (see below)				
□ Jabbla Tellus: □ 4 □ 5	☑ Flip Writer (iOS)	☐ External Keyboard(see below)				
□ <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				
□ QuickTalker: □ 7 □ 12 □ 23	☐ Touch Chat (iOS)	☑ Device Mount (see reverse)				
☐ Step-by-Step: ☐ Little ☐ Big	☐ GoTalk Now (iOS)	☐ Switch Mount (see reverse)				
☐ Other:	☐ Pictello (iOS)					
DESIRED VOICE: ✓ Specific: Heather  □ 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 (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: Comple Provision Person:	ted by: Provision Method:	Date:				



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Client Name:	Client Last Name	Client First Name		PHIN:	<mark>9 digit PHIN</mark>
_					
Mounting Equ	ipment Request:				
☐ Switch Moun	t (Indicate particula	rs below in "Special In	structions")		
☐ Locline ☐ ☐	Daessy STEM Syster	n □ IDEAS tube & soc	ket		
<mark>☑</mark> Device Mour	nt				
☐ Rolling Floo	or Mount:				
☐ Roun	nd Base (Ideas), <b>OR</b>	☐ U-shape Base (Daes	ssy), 🗆 32" 🗆 36" & 🗆 Tall 🗆 Reg	gular	
□ Desk Mour	nt: 🗆 Daessy 🗆 IDE	AS			
☐ Suction Mo	ount (available for i	Devices only)			
☑ Chair Mount	nt (enter particulars	s below, if known)			
<mark>☑</mark> <u>Daessy Mou</u>	nting Options:			_	
			Part Number/Description		
Frame Clamp Ir			UFC1000IP		
Frame Clamp O	Outer Piece		ROP		
Receiver			RFCR		
•	oning (i.e. # of O3L,	*	2 x O3L		
	et Tubing Vertical (	<u> </u>	Offset – 24"		
Straight Tubing	Horizontal (length)		Straight – 14"		
Type of Elbow			RTH+2RTHTM		
Type of Quick F	Release Base		TUSB with handle		
Other					
☐ <u>IDEAS Mount</u>	ting Options:			_	
			Part Number/Description		
Frame Clamp Ir					
Frame Clamp O	Outer Piece				
Receiver					
Arm (i.e. Lift &	<u> </u>				
Type of Quick F	Release Base				
Other					
C: .   :	:	ha fa			
speciai instruct	lions and/or reques	ts for mounting:			