# REFERRAL FOR TECHNOLOGY-ASSISTED CHILDREN ASSESSMENT

TO: TA Waiver Manager
Adult & Medical Services Commission
Docking State Office Building, 6th Floor
Topeka, Kansas 66612

FROM: _____

_____

_____

The following child has applied for eligibility under the Technology-Assisted Children program. An assessment of the child's medical condition is needed to determine if he or she qualifies for waivered services.

Child: _____

Parent: _____

Address: _____

_____

Phone Number: _____

Application Date: _____

Please return assessment decision to the above office.

| EES Specialist | Phone Number | Date |
|---|---|---|