






**Patient Name:**
**Patient Email:**
**Patient Phone:**

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**SLP Name:**
**SLP Email:**
**SLP Phone:**

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Item ID	Description	E Code
<input type="checkbox"/> 229-0042 	<b>WinSlate 12 Dedicated:</b> w/ 1 Yr Limited Warranty. Includes AAC Software w/ CoreWord, carry case, stylus, SoundPOD and neck lanyard, keyboard, & mouse	E2510
<input type="checkbox"/> 236-0013-06 	<b>Enable Eyes Module:</b> add on for WinSlate devices. Includes eye tracking camera (powered by Irisbond) USB cable and mounting brackets.	E2599
<input type="checkbox"/> 145-0330 	<b>Rigidly Attach SoundPOD:</b> When selected, SoundPOD will be rigidly attached with a fastener. Select when removal of SoundPOD is not desired.	
<input type="checkbox"/> 325-0602 	<b>Mounting Plate:</b> Required if device will need to be mounted.	E2512

Forms can be submitted by email to [sales@forbesaac.com](mailto:sales@forbesaac.com) or by **fax** 419.589.5146







**Forbes AAC**

181 Illinois Ave. South  
Mansfield, OH 44905

**phone** 419.589.7688

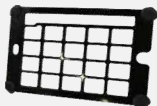
**fax** 419.589.5146

## Switch Access Accessories



Item ID		Description	E Code
<input type="checkbox"/> 222-0138		<b>Switch Interface Kit:</b> Includes Port Relocator and USB Scan Module. Required for switch access.	E2599
<input type="checkbox"/> 130-02XX		<b>Orby Switch Bundle:</b> Includes 2.5" Orby switch (yellow), light weight mount adapter, 6' switch extension cable, and cable wraps.	E2599
<input type="checkbox"/> 251-040X-HW		<b>Big Buddy Button Bundle:</b> Includes Big Buddy Button (red), light weight mount adapter, 6' switch extension cable, and cable wraps.	E2599
<input type="checkbox"/> 251-0365-WS		<b>Wireless Easy Switch Pack:</b> Includes two 3" wireless switches, USB dongle, USB extension cable and Port Relocator.	E2599
<input type="checkbox"/> 200-0118		<b>Switch Mount:</b> Includes 2 tubes (16" total Length), mini clamp attachment, and quick shift levers. Use when mounting switches.	
<input type="checkbox"/> 130-0235		<b>Gyro Head Mouse System:</b> Includes wireless gyroscopic mouse input system, black headband mount, Adapta port relocator, software integration, & configuration	E2599
<b>Switch Details:</b> Specify any special requests in regards to switch access such as switch colors etc.			

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## Keyguard Access

Item ID	Description	E Code
<input type="checkbox"/> 229-022X-03 	<b>SnapLock Keyguard System:</b> A flexible keyguard system designed to support a variety of vocabulary layouts. *Specify up to three vocabulary layouts in notes section below.	E2599
<b>Keyguard Details:</b> Specify layout, color (black or clear) and any non-standard hole sizes or customizations		

## WinSlate Accessories

Item ID	Description	E Code
<input type="checkbox"/> 228-0076 	<b>Language Development Kit:</b> Includes interactive sensory toys, clinical protocol, lesson plan, goal bank, data tracking, vocabulary and AAC gridsets.	E2599
<input type="checkbox"/> 200-0505 	<b>XTNDR Battery:</b> A battery pack that can be mounted directly to a wheelchair mount or carried in a bag. Includes battery, charger and mounting clamps. Provides up to 16 hrs of runtime	E2599

## Additional Notes:

Please specify any additional notes regarding this order:

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## Client Information Form

This Client Information Form is used to facilitate the funding process through Forbes AAC, a trade name of Forbes Rehab Services. The information provided will be kept confidential. Please note that all requested information is necessary for Forbes Rehab Services to properly assist with the funding process. In order to ensure timely processing, please complete the **entire** Client Information Form. If you have any questions, please contact the Funding Department at 419.589.7866

### email or FAX completed form to:

Forbes Rehab Services, Inc.  
181 Illinois Ave. South  
Mansfield, OH 44905  
fax 419.589.5146  
[funding@forbesaac.com](mailto:funding@forbesaac.com)

**Client Information** – The client is the individual for which funding is being pursued.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SSN \_\_\_\_\_  
Sex      Male      Female

Have you applied for or are you receiving in home or facility based hospice care, skilled nursing care or hospital based care?  
No      Yes

Have you ever owned a Speech Generating Device?      No      Yes, age of previous device

### **Place of Residence**

Home      Group Home      Nursing Home      Long Term Care Facility      Other

**Evaluating Speech Pathologist** – This is the SLP that completes the Evaluation and Speech Evaluation Report.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Facility \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Personal Advocate** – This is an individual representing the client in a non-professional manner.

Relationship to client:      Parent      Guardian      Spouse      Other  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Professional Advocate (Optional)** – This is an individual representing the client in a professional manner.

Relationship to client:      Assisting Speech Pathologist      Case Manager      Other  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

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### Forbes AAC

181 Illinois Ave. South  
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fax 419.589.5146



[forbesaac.com](http://forbesaac.com)

**Referring Physician Information** – This is the medical doctor who is prescribing the equipment.

Physician Name

Phone

**Funding Sources / Insurance Coverage** – Please indicate **all** funding sources/insurances that apply. **Include a clear copy of all ID cards (both front & back).**

Medicaid / Medical Assistance Billing Number

Medicare Billing Number

Tricare / Military / Private insurance / HMO / Managed care program

No Yes, complete Information below

Insurance company name

**Case Manager or Contact Information** (If applicable)

Name

Phone

Fax

**Policy Holder's Information**

Name

Phone

Address

Fax

City

State

Zip

Policy holder date of birth

Social Security Number

Policy Holder's SSN

Name of Employer

Policy/Contract ID #

Group #

Policy Holder Relationship to Client

**Delivery or Shipment Contact** – This is the contact for shipment and delivery of equipment (PO boxes not allowed)

\*Medicare requires equipment to be shipped to Client's Residence

Client

Evaluating SLP

Personal Advocate

Professional

Other (list below)

Contact Name

Advocate Phone

Address

City

State

Zip

**Email Updates** – The email addresses listed below will be included in funding email updates. If this section is left blank, all email address associated with the funding packet will receive updates.

Name & Relationship to Client

Email

Name & Relationship to Client

Email

Name & Relationship to Client

Email

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**Notes** –