ASSISTIVE TECHNOLOGY/VOUCHER PURCHASE REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AUTISM SERVICES UNIT
SFN 60677 (2-2015)

Clear Fields

Request For (check one) ☐ Autism Waiver ☐ Autism Voucher

Name	Telephone Number	Date	
Address	City	State	ZIP Code

Item(s) Requested	Vendor Location and Contact Information	Estimated Price(s)

Recommended By:

Name	Telephone Number	Date	
Professional Title	Agency		
Address	City	State	ZIP Code

Check one ☐ Approved ☐ Denied	Signature	Date