

# PRE - PURCHASE ASSESSMENT (PPO)

Form 295A

Version Date: 2019

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## Instructions

Fill out numbers 1-6 of this form for any adaptive equipment, or special medical needs request. Verify that the Person's USTEPS data is correct. Email the completed form, and any questions you may have, to [ae.dspd@utah.gov](mailto:ae.dspd@utah.gov). *Incomplete forms will be returned.*

### 1. Support Coordinator Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. Person receiving DSPD services (Person)

Name: \_\_\_\_\_ PID Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Disability Description (include importation information about the disability and cause of disability if applicable) (90 words):

Vocational Goal:

### 3. Purpose of the Referral

Provide detailed information including: type of equipment needed (e.g. vehicle lift, ceiling lift, lift into the home, stair lift, ramp, adult stroller, shower chair, etc.), and why the equipment is needed (e.g. the functional limitation of the Person or caregiver; health and safety; access to the home, inside the home, or community; assistance with activities of daily living; the Person's goals; etc.). (200 words)

### 4. Contact Information

Name: \_\_\_\_\_ Relationship to the Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 5. Person's Residence Information

Physical Address (include apartment or suite number): \_\_\_\_\_

City: \_\_\_\_\_ Utah \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long has the Person lived at this address?

Is the residence a rental?    Yes                      No

Is the residence part of DSPD residential support services? Choose one.

Is this permanent housing for the Person?    Yes                      No

If not, Explain. (50 words)

Does the Person live at this address full time?    Yes                      No

If not, Explain. (50 words)

Is the Person considering admission to a care facility like an ICF?    Yes                      No

What is the primary household language?

Is a translator required?    Yes                      No

**6. Other information important for the request or assessment (200 words)**

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Do not upload this document into USTEPS until you receive it back from DSPD staff with the section below completed. If “DSPD Home Assessment Required” and “UCAT Referral Required” are answered ‘No’ by DSPD staff, then fill out a Request for Services (RFS) in USTEPS.

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### DSPD USE ONLY

Date Received:

Date Reviewed:

Reviewed By:

DSPD Home Assessment Required:    Yes                      No

Recommendations/Comments

UCAT Referral Required:    Yes                      No

Comments

USTEPS Data Updates Required:    Yes                      No

Comments