



Enhanced Communication Rate Request Form

Agency Name	
MPI	
Service Location Code (SLC)	
Service Description <i>(one per form)</i>	
Procedure Code	
Contact Person	
Name of the Signing Staff Person <i>(one per form)</i>	
Consumer Name <i>(one person per form)</i>	
MCI	
Start Date Requested for Enhanced Rate	

1. Assistive Technology

Please list the Assistive Technology recommendations in the Communication Assessment Report. Please list if the technology has been provided to the consumer or not, and if not, list why not.

Assistive Technology	Provided	Not Provided	If not, why not?
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

If provided, how is the technology used?

--

2. Communication Support

Please provide an explanation of how the participant's communication is supported when the signing staff is not available.

--

3. Inclusion

Please explain what you are doing to support inclusion in the deaf community for this participant?

--

For ODP Internal Use

Task	Approved	Denied	Reason for Denial
Certificates of completion for the Harry M web-based training	<input type="checkbox"/>	<input type="checkbox"/>	
Quiz on Harry M training	<input type="checkbox"/>	<input type="checkbox"/>	
Video of signing skills	<input type="checkbox"/>	<input type="checkbox"/>	
Question #1 Assistive technology	<input type="checkbox"/>	<input type="checkbox"/>	
Question #2 Communication Support	<input type="checkbox"/>	<input type="checkbox"/>	
Question #3 Inclusion	<input type="checkbox"/>	<input type="checkbox"/>	