AUTISM VOUCHER PURCHASE REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 60677 (8-2018)

Clear Fields

Name of Child	Telephone Number	Date	
Address	City	State	ZIP Code

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

A letter of recommendation must be attached to receive a determination. The recommendation must state the item(s) requested and how each item will assist in dealing with the Autism Spectrum Disorder.

Recommended By

Professional Signature	Date
Parent Signature	Date

Office Use

Check one ☐ Approved ☐ Denied	Signature	Date

Autism Voucher Program Overview

- The voucher program helps pay for assistive technology, respite care, tutoring, training, and other approved support services that enhance the quality of life of children with autism spectrum disorders (ASD).
- The voucher request(s) may be for a one-time purchase or for multiple purchases.
- The voucher must be used within 180 days or the voucher will be terminated.

What can the voucher program purchase?

- Respite care to provide primary caregivers(s) with temporary relief from the stress and intensity of caregiving (cannot be used for work or to attend school).
- Assistive technology device or services such as video modeling, DVDs, equipment, language generating devices, etc.
- Registration to workshops or training for independent living skills.
- Adaptive sports and activities.
- Specialized camps.
- Sensory, safety, and self-care equipment.
- Tutoring, educational materials.
- Caregiver education such as books, videos, and support to attend available trainings within state. Training support can include reimbursement for mileage.

Voucher funds may not be used for:

- Items or services that are parental responsibilities, including daily clothing, upkeep of residence, fences, internet, or utilities.
- Duplicate items or services that address identical deficit goals.
- Items or services that are not age appropriate.
- Items or services that are not connected to the child.
- Items or services covered by insurance.
- Items or services if the voucher is terminated.
- Items or services that put the health and safety of the child at risk.
- Replacement items, except for disposable products, such as sensory or tactile stimulation items.
- Items that are restricted within property rental agreements or are the responsibility of landlords, tenants, or the homeowner.

Letter of Recommendation from the Qualified Professional (must accompany request)

A letter of recommendation for each item or service requested, from a provider working with the eligible child, must accompany the voucher request form. The letter must state how the item or service will compensate for a deficit created by ASD.

Next Steps:

- Medical Services staff review the letter of recommendation to ensure that voucher purchase requests are included in the letter.
- Parents, custodian or legal guardian will receive a letter confirming approval of items, denying items and/or suggesting a more cost-effective item that will meet the same need.
- Parents, custodian or legal guardian have the right to appeal the decision made by Medical Services.