



**SMART Technology  
In-home Implementation Application**

**Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Primary Contact: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Seminar Attended: \_\_\_\_\_

Associated Entity (Circle one): NEPA Inclusive / ACCE

**Disability/SMART Tech Information**

Diagnosis of Disability/Disabilities: \_\_\_\_\_

Current Device/Equipment In Home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have Internet/Wi-Fi capabilities within your home?

(Circle One)      YES      NO      NOT SURE



Device/Equipment/Service requested: \_\_\_\_\_

Explain how this SMART Technology will assist you with your disability.

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How will this device or service help to better support your health care needs, or personal safety?

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How will this device or service improve your independence, productivity, or quality of life?

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How did you determine that this is the SMART Technology you need?  
(Circle all that apply)

Evaluation by a Doctor/Therapist      Recommended by: \_\_\_\_\_

Tried the Device/Service                      Other (specify): \_\_\_\_\_



## NEPA Inclusive SMART Tech Application Scoring Rubric

Applicant \_\_\_\_\_ Scorer \_\_\_\_\_

Total Points \_\_\_\_\_ /25 Possible Points

<b>HEALTH CARE</b>			
<b>0 POINTS</b>	<b>1 POINT</b>	<b>2-3 POINTS</b>	<b>4-5 POINTS</b>
<b>LITTLE OR NO NEED</b> NOT RECOMMENDED BY DOCTOR OR THERAPIST	<b>MODERATE NEED</b> NOT RECOMMENDED BY DOCTOR OR THERAPIST	<b>HIGH NEED</b> RECOMMENDED BY DOCTOR OR THERAPIST	<b>LIFE SUSTAINING</b> RECOMMENDED BY DOCTOR OR THERAPIST

<b>SAFETY</b>			
<b>0 POINTS</b>	<b>1 POINT</b>	<b>2-3 POINTS</b>	<b>4-5 POINTS</b>
<b>LITTLE OR NO NEED</b> FOR SAFETY SUPPORTS	<b>MODERATE NEED</b> FOR SAFETY SUPPORTS	<b>HIGH NEED</b> FOR SAFETY SUPPORTS	<b>ESSENTIAL NEED</b> FOR SAFETY SUPPORTS

<b>INDEPENDENCE</b>			
<b>0 POINTS</b>	<b>1 POINT</b>	<b>2-3 POINTS</b>	<b>4-5 POINTS</b>
<b>LITTLE OR NO NEED</b> FOR IMPROVED INDEPENDENT LIVING	<b>MODERATE NEED</b> FOR IMPROVED INDEPENDENT LIVING	<b>HIGH NEED</b> FOR IMPROVED INDEPENDENT LIVING	<b>ESSENTIAL NEED</b> FOR IMPROVED INDEPENDENT LIVING

<b>PRODUCTIVITY</b>			
<b>0 POINTS</b>	<b>1 POINT</b>	<b>2-3 POINTS</b>	<b>4-5 POINTS</b>
<b>LITTLE OR NO NEED</b> FOR INCREASED PRODUCTION IN THE HOME	<b>MODERATE NEED</b> FOR INCREASED PRODUCTION IN THE HOME	<b>HIGH NEED</b> FOR INCREASED PRODUCTION IN THE HOME	<b>ESSENTIAL NEED</b> FOR INCREASED PRODUCTION IN THE HOME

<b>WELL BEING</b>			
<b>0 POINTS</b>	<b>1 POINT</b>	<b>2-3 POINTS</b>	<b>4-5 POINTS</b>
<b>LITTLE OR NO NEED</b> FOR IMPROVED QUALITY OF LIFE	<b>MODERATE NEED</b> FOR IMPROVED QUALITY OF LIFE	<b>HIGH NEED</b> FOR IMPROVED QUALITY OF LIFE	<b>ESSENTIAL NEED</b> FOR IMPROVED QUALITY OF LIFE