

Adaptive Eating Device Assistance Fund

Date: _____

Provider: _____

Staff Person: _____

Consumer: _____

Name: _____

▪ Problem Statement: (e.g. consumer has tremors and is unable to get food into mouth to eat, consumer has lost weight): _____

▪ Need Statement (e.g. need to reduce/control tremors, need to maintain or increase weight): _____

▪ Suggested device(s) (e.g. weighted cup and weighted silverware): _____

▪ Other pertinent information (e.g. this would reduce caregiver burden/stress and improve consumer's quality of life and increase independence and dignity as the caregiver would no longer have to feed the person): _____

Please Attach CIRTS Turn Around Report
Please return completed forms to Cindy Morrison at ElderSource
Phone#: (904) 391-6625 Fax#: (904) 391-6601
E-mail: morrisonc@elderaffairs.org
(For Office Use Only)

Date Reviewed by Programs Department: _____

. Approved (\$ amount, _____) . Denied (reason) _____

Date Given to Fiscal Clerk: _____

Date Ordered: _____

Date Returned to Programs Dept.: _____

Date Provider Notified: _____

Contract Manager/Specialist Signature: _____

NAME	NUMBER	
Inner Lip Plate	1425	SP
Nosey Cup (clear)	1160	SP
Arthro Thumbs-Up Cup with Lid	1264	SP
Pot and Pan Holder	3011	SP
Transparent Mug with Drinking Spout	1451	SP
Sure Grip Knife	A703-203	SP
Sure Grip Fork	A703-202	SP
Sure Grip Spoon	A703-200	SP
Left Hand Angled Fork	AA5511LA	SP
Left Hand Angled Spoon	AA5512LA	SP
Right Hand Angled Fork	AA5511RA	SP
Right Hand Angled Spoon	AA5512RA	SP
Comfort Grip Weighted Fork	5556-64	SP
Comfort Grip Weighted Spoon	5556-65	SP
Comfort Grip Knife/Fork	557128	SP
Utensil Holder	1481	SP
Cylindrical Foam Padding (Blue)	6252	SP
Keep-a-Temp Bowl	1420	SP
High-Sided Dish	1430	SP
Triangular Suction Plate	1387	SP
Weighted Two Handle Mug	5556-67	SP
Plastic Handle Mug	1120	SP
Etac Uni Turner	6303	SP