# Kids Assistive Technology Program

## What is the Kids Assistive Technology Program (KAT)?

KAT is a funder of last resort that can provide funding assistance for purchases of assistive technology (A.T.) for children, age birth up to age 21 in families with incomes at or below 300% of the 2025 poverty level guidelines. The program application process is through Missouri Assistive Technology, with funding provided by the Department of Health and Senior Services’ Children and Youth with Special Health Care Needs program. Prior to completing this application, please visit our website to be sure your child meets the eligibility for funding as stated on our KAT webpage, [www.at.mo.gov/kids-assistive-technology](http://www.at.mo.gov/kids-assistive-technology).

## Here are a few examples of A.T. devices eligible in this program

* Alternative and augmentative communication devices.
* Seating and Mobility devices, i.e., modified strollers, car seats and other positioning equipment.
* Aids to Daily Living and environmental controls.
* Adapted computer equipment.
* Hearing and vision related devices.
* A.T. services, such as the cost of an evaluation or follow-up training.

***In addition, a pilot program has been established this year to help with Home Modifications and Vehicle Adaptations. Additional information will be required for these requests, please see the Application Instructions page for more information.***

## What KAT does not cover

Assistance is not available through the program for instructional software, items such as air conditioners or purifiers, vehicle purchases, weighted vests, equipment used in therapy, monitors, and medical items such as cochlear implants or medical supplies. Major home renovations such as adding a room, moving walls and/or yard fencing to a home cannot be provided through the program.

## Award Amounts

Most awards are limited to less than $5,000. However, with the new Pilot program offered this year the amounts may exceed the limit based on the actual home or vehicle modification.

Because requests will exceed the funds available, applications will be prioritized based on the need of the child and his/her family, children in families of lower income, and children with committed matching funds for the needed device.

You will be notified as to whether your request has been authorized once all applications have been reviewed, deemed eligible and prioritized for funding.

### Application Instructions

### Important:

Your Application must be COMPLETE before being considered. Review your application before sending it to our office to ensure all required attachments are included.

### If you are applying for A.T. devices, evaluation and training supports these items must accompany the application:

* A written estimate of the cost of the item/service for your child from the vendor you selected.
* If you are requesting a seating, positioning or mobility device or a communication device; an evaluation report will be required by a professional that recommends the item you need to obtain.
* If you are requesting vehicle modifications, you must have an estimate from a National Mobility Equipment Dealers Association (NMEDA) site. Please contact our office, if you need a referral.
* Written verification of your child’s diagnosis that verifies the disability. As noted before, please make sure that your child’s diagnosis is eligible for funding.
* Documentation that verifies your total household annual income. This could be last year’s tax return summary page, a month of pay check stubs, a benefit letter, etc.
* Documentation of any confirmed matching or contributing funds.

Funding is not available for items that are the responsibility of another agency (i.e. the school district, Medicaid, etc.).

### If you are applying for access modification to a home you own, you must attach the following additional documents:

* Two (2) detailed bids of the cost of the modifications for your child. That is, one bid from two different contractors.
* The application must be reviewed with a disability service coordinator that has met with the family and the contractors.
* All Parties read the Home Modification Guidelines and Procedures.
* ALL PARTIES MUST SIGN THE GUIDELINES SIGNATURE PAGE 7 & 8. One for each contractor estimate. (Total of 2).

**If you need help locating a service provider for an evaluation, need to discuss equipment options that are available to assist with your child’s care, or if you are unsure of what to attach with this application, please feel free to call our office and ask for the Kids Assistive Technology Program at (800) 647-8557 or (816) 655-6700.**

## KIDS ASSISTIVE TECHNOLOGY PROGRAM APPLICATION FORM

### Part 1. CANIDATE INFORMATION

| **Applicant Information Topics** | **Applicant Information Data** |
| --- | --- |
| Child Name (Last, First, Middle Initial) |  |
| Parent(s)/ Guardian Name(s)  |  |
| Parent/Guardian Signature(s)  |  |
| Parent/Guardian Missouri Address |  |
| County |  |
| Phone 1 |  |
| Phone 2 |  |
| Child Date of Birth |  |
| Age |  |
| Total Household Income (Adjusted) |  |
| Total number of persons in the Household? |  |
| Parents Occupations |  |
| Does candidate have private health insurance? If “Yes”, please list insurance company: |  |
| Child’s Medicaid DCN#: |  |

### Part 2: DISABILITY AND ASSISTIVE TECHNOLOGY INFORMATION

What is the related diagnosis of the applicant? *Please make sure that this is an eligible diagnosis.*

Has the child been referred to or received support from the Bureau of Special Health Care Needs?

Yes No

What is the assistive technology device (provide specific name, model, etc.), home owner housing modification or service being sought?

What is the exact amount needed for device, home owner housing modification, or vehicle modification?

Who assisted you in selecting the appropriate device?

How will the device, housing modification, or service improve the child’s life at home or in the community? Attach an additional sheet if needed.

Who is the vendor/provider/contractor from whom you plan to obtain the needed device, housing modification or service? Include this company’s name, address, and phone number:

Has funding been sought from any other sources or programs?

If “Yes”, please list the other sources or programs and the amount committed:

Note: For COMMITTED contributing funds, this must be documented in writing and attached to the application.

Did you have help in completing this application?

– If so, please list the person, phone number and agency that helped.

### Part 3: SURVEY FOR APPLICANT

## Please answer the following questions about the funding assistance you are applying for through Kids Assistive Technology (KAT).

1. The primary purpose for which I need (or the person I represent needs) an assistive technology device or service is related to:

(Please mark only one answer)

\_\_ Education - participating in any type of educational program

\_\_ Community living - carrying our daily activities, participating in community activities, using community services, or living independently.

\_\_ Employment - finding or keeping a job; getting a better job; participating in an employment training program, vocational rehabilitation program, or other program related to employment.

2. Why did you choose to obtain an assistive technology (AT) device/service through our program?

(Please mark only one answer)

\_\_ I could only afford the AT through this program. (I could not afford it through other programs.)

\_\_ The AT was only available to me through this program. (I am not eligible or don’t qualify for other programs, the AT is not covered by other funding sources or the specific device I needed is not provided by other programs.)

\_\_ The AT was available to me through other programs, but the system was too complex or the wait time was too long.

\_\_ None of the above. Explain here.

Part 4: FOR HOME ACCESS MODIFICATION REQUESTS ONLY

1. Read KAT Home Modification Guidelines and Procedures Addendum.

2. Have all parties (parents/guardians, case manager and contractor) sign Signature Page Addendum(s). Two are required, one for each Estimate/Bid.

3. Keep the Home Modification Completion for once modifications are completed satisfactorily. This will be used to initiate payment for Contractor.

Please mail **Completed** Application to:

**KIDS ASSISTIVE TECHNOLOGY PROGRAM**

1501 NW Jefferson St.

Blue Springs, MO 64015-7242

If you have any questions, call our office at: 816-655-6700 or email info@mo-at.org.