Kids Assistive Technology Program

What is the Kids Assistive Technology Program (KAT)?

KAT provides last-resort funding assistance for purchases of assistive technology (AT) for children, from birth to age 21, in families with incomes at or below 300% of the 2026 poverty level guidelines. The program application process is through Missouri Assistive Technology. Funding is provided by the Children and Youth with Special Health Care Needs program, which is part of the Department of Health and Senior Services. Before completing this application, please visit our KAT webpage to be sure your child meets the eligibility requirements: www.at.mo.gov/kids-assistive-technology.

Examples of AT devices eligible in this program:

- Alternative and augmentative communication devices.
- Seating and mobility devices, such as modified strollers, car seats, and other positioning equipment.
- Aids to daily living and environmental controls.
- Adapted computer equipment.
- Hearing- and vision-related devices.
- AT services, such as the cost of an evaluation or follow-up training.

In addition, a pilot program was established last year to assist with home modifications (e.g., ramps, lift systems, bathroom accessibility) and vehicle adaptations (e.g., ramps, lifts, specialized seats, tie-downs). Additional information will be required for these requests; please see the Application Instructions page for more information.

What KAT does not cover:

KAT does not provide funding for instructional software, items such as air conditioners or purifiers, vehicle purchases (only adaptations to the vehicle), weighted vests, equipment used in therapy, monitors, or medical items such as cochlear implants or medical supplies. Major home renovations, such as adding a room, moving walls, and/or yard fencing, are not provided through the program.

Award amounts:

Most awards are limited to less than $5,000. However, with the new pilot program, 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, the family's income level, and whether the child has 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. Please review your application before sending it to our office to ensure all required attachments are included.

If you are applying for AT devices, evaluation, or 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 communication device or a seating, positioning, or mobility device, a professional will need to provide an evaluation report 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 paycheck 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 (e.g., the school district, Medicaid, etc.).

If you are applying for access modifications to a home you own, you must also meet all of the requirements in Part 4 of this application.

If you need help locating a service provider for an evaluation, need to discuss equipment options, or are unsure of what to attach with this application, please feel free to call our office at (800) 647-8557 or (816) 655-6702.

KIDS ASSISTIVE TECHNOLOGY PROGRAM APPLICATION FORM

Part 1. CANDIDATE INFORMATION

Applicant Information Topics	Applicant Information Data
Child Name (Last, First, Middle Initial)	
Parent/Guardian Name(s)	
Parent/Guardian Signature(s)	
Parent/Guardian Missouri Address	
County	
Phone 1	
Phone 2	
Child Date of Birth	
Child Age	
Total Household Income (Adjusted)	
Total Number of Persons in Household	
Parent/Guardian Occupation(s)	
Does candidate have private health insurance? If "Yes," please list insurance company.	
Child's Medicaid DCN	

Part 2: DISABILITY AND ASSISTIVE TECHNOLOGY INFORMATION

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

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

3. If yes, what is the name of the CYSCHN's coordinator?

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

5. What is the exact amount needed for the device, homeowner housing modification, or vehicle modification?

6. 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.

7. Who assisted you in selecting the appropriate device?

8. 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.

9. 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.)

10. 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 out daily activities, participating in community activities, using community services, or living independently.

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

2. Why did you choose to obtain an 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 need 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

If you are applying for access modifications to a home you own, the following is also required:

- The application must include 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 who has met with the family and the contractors.
- All parties must read the KAT Home Modification Addenda, which is located on our KAT webpage (at.mo.gov/kids-assistive-technology/).
- **All parties must sign the Guidelines Signature Pages** (Addenda B and C) in the KAT Home Modification Addenda. Both signature pages must be completed, one for each contractor's estimate/bid.
- Keep the Home Modification Completion Worksheet page (Addendum D) in the KAT Home Modification Addenda. Once modifications are completed satisfactorily, this page will be used to initiate payment for the contractor.

Please email the **completed** application and supporting documents to the KAT Program Coordinator, Elaine Houtman, at EHoutman@mo-at.org, or mail to:

KIDS ASSISTIVE TECHNOLOGY PROGRAM
1501 NW Jefferson St.
Blue Springs, MO 64015-7242

If you have any questions, please feel free to email Elaine or call her by phone: (816) 655-6702.
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