














Patient Name:	Patient Email:	Patient Phone:
SLP Name:	SLP Email:	SLP Phone:

VA Order

Item ID	Description	E Code
229-004	 <p>WinSlate 12 Dedicated: w/ 1 Yr Limited Warranty. Includes AAC Software w/ CoreWord, carry case, stylus, SoundPOD and neck lanyard, keyboard, & mouse MindExpress add-ons: AlphaCore PODD PCS High Contrast Symbols</p>	E2510
221-0037	 <p>WinSlate for Kids Dedicated: w/ 1 Yr Limited Warranty. Includes eye tracking activities, AAC Software w/ CoreWord, carry case, stylus, SoundPOD & neck lanyard, keyboard, & mouse MindExpress add-ons: AlphaCore PODD PCS High Contrast Symbols</p>	E2510
236-0013-0	 <p>Enable Eyes Module: add on for WinSlate devices. Includes eye tracking camera (powered by Irisbond) USB cable and mounting brackets.</p>	E2599
145-033	 <p>Rigidly Attach SoundPOD: When selected, SoundPOD will be rigidly attached with a fastener. Select when removal of SoundPOD is not desired.</p>	
325-060	 <p>Mounting Plate: Required if device will need to be mounted.</p>	E2512


Forms can be submitted by email to sales@forbesaac.com or by fax 419.589.5146

Switch Access Accessories



Item ID	Description	E Code
222-013	 <p>Switch Interface Kit: Includes Port Relocator and USB Scan Module. Required for switch access.</p>	E2599
130-02XX	 <p>Orby Switch Bundle: Includes 2.5" Orby switch (yellow), light weight mount adapter, 6' switch extension cable, and cable wraps.</p>	E2599
251-040X-HW	 <p>Big Buddy Button Bundle: Includes Big Buddy Button (red), light weight mount adapter, 6' switch extension cable, and cable wraps.</p>	E2599
251-0365-WS	 <p>Wireless Easy Switch Pack: Includes two 3" wireless switches, USB dongle, USB extension cable and Port Relocator.</p>	E2599
200-0118	 <p>Switch Mount: Includes 2 tubes (16" total Length), mini clamp attachment, and quick shift levers. Use when mounting switches.</p>	
130-0235	 <p>Gyro Head Mouse System: Includes wireless gyroscopic mouse input system, black headband mount, Adapta port relocator, software integration, & configuration</p>	E2599
<p>Switch Details: Specify any special requests in regards to switch access such as switch colors etc.</p>		

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Keyguard Access

Item ID	Description	E Code
229-022X-03 	SnapLock Keyguard System: A flexible keyguard system designed to support a variety of vocabulary layouts. *Specify up to three vocabulary layouts in notes section below.	E2599
Keyguard Details: Specify layout, color (black or clear) and any non-standard hole sizes or customizations		

WinSlate Accessories

Item ID	Description	E Code
228-0076 	Language Development Kit: Includes interactive sensory toys, clinical protocol, lesson plan, goal bank, data tracking, vocabulary and AAC gridsets.	E2599
200-0505 	XTNDR Battery: A battery pack that can be mounted directly to a wheelchair mount or carried in a bag. Includes battery, charger and mounting clamps. Provides up to 16 hrs of runtime	E2599

Additional Notes:

Please specify any additional notes regarding this order:

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Client Information Form

This Client Information Form is used to facilitate the funding process through Forbes AAC, a trade name of Forbes Rehab Services. The information provided will be kept confidential. Please note that all requested information is necessary for Forbes Rehab Services to properly assist with the funding process. In order to ensure timely processing, please complete the *entire* Client Information Form. If you have any questions, please contact the Funding Department at 419.589.7866

email or FAX completed form to:
Forbes Rehab Services, Inc.
181 Illinois Ave. South
Mansfield, OH 44905
fax 419.589.5146
funding@forbesaac.com

Client Information – The client is the individual for which funding is being pursued.

Name Phone
Address Date of Birth
City State Zip SSN
Sex Male Female

Have you applied for or are you receiving in home or facility based hospice care, skilled nursing care or hospital based care?
No Yes

Have you ever owned a Speech Generating Device? No Yes, age of previous device

Place of Residence

Home Group Home Nursing Home Long Term Care Facility Other

Evaluating Speech Pathologist – This is the SLP that completes the Evaluation and Speech Evaluation Report.

Name Phone
Facility Alt Phone
Address Fax
City State Zip Email

Personal Advocate – This is an individual representing the client in a non-professional manner.

Relationship to client: Parent Guardian Spouse Other
Name Home Phone
Address Work Phone
City State Zip Email

Professional Advocate (Optional) – This is an individual representing the client in a professional manner.

Relationship to client: Assisting Speech Pathologist Case Manager Other
Name Home Phone
Address Work Phone
City State Zip Email



Referring Physician Information – This is the medical doctor who is prescribing the equipment.

Physician Name Phone Fax

Funding Sources / Insurance Coverage – BOTH Primary and Secondary insurance providers are required for funding. If both are not present at time of application it could significantly delay the funding approval process, and in many cases cause the process to start over. Both FRONT AND BACK of all cards need to be present to make sure the funding application is submitted correctly.

Insurance Company Name

Policy Holder’s Information - Primary

Name Phone
Address Fax
City State Zip Policy holder date of birth
Social Security Number Policy Holder’s SSN
Name of Employer Policy/Contract ID #
Group # Policy Holder Relationship to Client

Insurance Company Name

Policy Holder’s Information - Secondary

Name Phone
Address Fax
City State Zip Policy holder date of birth
Social Security Number Policy Holder’s SSN
Name of Employer Policy/Contract ID #
Group # Policy Holder Relationship to Client

Delivery or Shipment Contact – This is the contact for shipment and delivery of equipment (PO boxes not allowed)

*Medicare requires equipment to be shipped to Client’s Residence

Client Evaluating SLP Personal Advocate Professional Other (list below)
Contact Name Advocate Phone
Address City State Zip



Email Updates – The email addresses listed below will be included in funding email updates. If this section is left blank, all email address associated with the funding packet will receive updates.

Name & Relationship to Client	Email
Name & Relationship to Client	Email
Name & Relationship to Client	Email

Notes –

ProSlate™ 13



Midnight Black

ProSlate™ 10



Bright Pink



Sky Blue



Lilac



Rose Gold



Pearl White



Coal Black



Forest Green



Chili Pepper

ProSlate™ 8



Jet Black



Brick Red



Denim Blue



Sage Green

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Mansfield, OH 44905

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