## AT Advocacy Checklist

Meeting with a funding source or AT advocate? Don't forget to bring: ☐ AT evaluation report or doctor/therapist prescription  $\square$  Age of person needing funding for AT (if other than yourself) ☐ Written description of how AT has or will benefit you (or the person you are advocating for)  $\square$  Written record of any AT related services received in the past  $\square$  Receipts for any AT services or equipment expenses, if available Copies of other documents related to the disability (prescriptions, medication receipts, etc)  $\square$  Types of public assistance you currently receive (or is received by the person you are advocating for)  $\square$  Background information or guidelines for the AT funding source(s) you are pursuing  $\square$  List of any questions you may have regarding your AT needs and/or the process to obtain funding