



(Affix identification label here if available)

MASS 21 Speech Generating Device (SGD) Application Form

This form is an appendix to the MASS 21 Communication Aids Application Form and must accompany all SGD applications

Family name:

Given name(s):

Date of birth:

Sex: M F I

PART B – Clinical Assessment

Is urgent consideration requested for this application? Yes No

If yes, please provide justification:

1 Applicant's permanent stabilised disability that necessitates the requested aid:

Any other relevant medical history:

Comment on the applicant's abilities in the following areas:

Physical skills e.g. hand function, mobility, assistive equipment used

Sensory skills e.g. hearing, vision

Cognitive skills:

2 Does the applicant currently have use of a communication aid? Yes No

If yes, supply brand/model:

Is this a MASS funded aid? Yes No If yes, supply plaque number (if applicable):

3 If the applicant already has use of a communication aid, why does this need replacing?

- Hired/borrowed Beyond repair (enclose statement from repairer)
- Functional deterioration Functional improvement
- Outgrown Other (describe):





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PART C – Clinical Justification for Speech Generating Device

4 Applicant's current communication

Describe the applicant's receptive language skills:

Describe the applicant's literacy skills:

Describe the applicant's expressive language skills. Include all methods e.g. speech, gesture, facial expression, sign, use of communication cards/boards/books, use of SGD etc. in terms of:

Describe the range of communicative functions the applicant can express and how they express these (e.g. requesting, choice making, commenting, indicating yes/no, greeting, directing, questioning, etc.):

Is the applicant able to communicate a variety of functions (e.g. requesting, choice making, questioning etc) with a variety of listeners (i.e. familiar and unfamiliar) in a variety of settings (e.g. home, school, community)?

How independent is the applicant in these interactions?

Describe the situations in which the applicant's communication needs are not currently met.



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5 Access skills

If the applicant communicates using equipment such as cards, symbol displays/books, a keyboard or an SGD, describe their access method e.g. pointing with fingers, switch and scanning, facilitated communication.

If the applicant uses facilitated communication, has their communication been validated? When? How? Who by?

NB: It is strongly recommended that the applicant has in place and maintains a low-tech communication system (e.g. communication book/board) as a foundation and a secondary system for any high-tech communication system that is introduced.

PART D – Trial of Speech Generating Devices

Refer to the *MASS General Guidelines*, the *Communication Aids Applications Guidelines* and the *MASS Communication Aids Trials Information and Proforma* which may assist with the trial process.

Other than the requested communication software, what other software and/or communication aids were trialed?

Brand / model	Length of trial	Outcome of trial

6 Trial of requested speech generating device

Name of speech generating device trialed:

Describe trial objectives:

List the people involved with the trial:



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How many hours/days did the applicant have access to a fully functioning and customised device i.e. charged, operating correctly, programmed with appropriate vocabulary, set up with fully functioning access equipment (where appropriate)?

Describe the set-up of the speech generating device during the trial. Comment on the number and type of messages present, customisation of programming features, etc:

How did the applicant access the device during the trial e.g. via pointing with fingers, headpointer, switch, facilitation, etc?

7 Outcomes of trials

Comment on the applicant's –

Understanding and relevant use of the letters/words/symbols to convey meaning:

Operational skills e.g. understanding and use of control buttons (e.g. volume); understanding of levels/page navigation; ability to scan and search for vocabulary:

Success in accessing the device:



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Functional use of the device to interact and participate in a range of environments:

Ability to deal with communication breakdowns, ask for help, etc:

Enjoyment and motivation to use the requested device:

Provide comments from the applicant about their experiences of the trial and suitability of the requested device:

Comment on the family and carers –

Understanding of how to model and facilitate communication interactions using the device:

Understanding of the operational features of the device e.g. understanding and use of controls (on/off, volume); understanding of levels/page navigation; ability to scan and search for vocabulary:

Ability and resources to customise vocabulary:

Knowledge and skills to set up accessing equipment (if required):



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Other comments on outcomes:

8 Proposed benefits of the *selected* speech generating device

How did the device meet the applicant's communication goals?

How will the device accommodate the needs of the applicant in the future e.g. over the next five years?

9 Support and training commitment

Who will be responsible for the setting-up and programming of the speech generating device and, if applicable, any other specialised accessories including design and construction of overlays where appropriate?

Name	Contact
Relationship to applicant	

Who will be responsible for training the applicant in the effective use of the device and, if applicable, any other specialised accessories?

Name	Contact
Relationship to applicant	

Who will be responsible for training the applicant's family and support team members for the use of, and the ongoing programming, updating and maintenance of the speech generating device and, if applicable set up and maintenance of any other specialised accessories?

Name	Contact
Relationship to applicant	

PART E – Speech Generating Device Requested

Brand	Model	Trial supplier (if applicable)

Note: Specific brand and model must be specified.

If a similar aid is held within MASS stock, the stock aid may be issued in lieu.



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PART F – Accessories Requested

List all accessories the applicant requires on the requested aid together with clinical justification to support MASS subsidy funding.

Basic Accessories – to be completed by either Speech Pathologist or Occupational Therapist prescriber.

Note: Specific brand/s and model/s must be specified.

Name / type	Clinical justification to support MASS subsidy funding

Specialised Accessories – to be completed by Occupational Therapist prescriber only.

Refer to the *MASS General Guidelines*, the *Communication Aids Applications Guidelines* and the *MASS Communication Aids Trials Information and Proforma* which may assist with the trial process.

Specialised accessories being applied for:

- | | |
|--|---|
| <input type="checkbox"/> Wheelchair mounting system | <input type="checkbox"/> Head/eye operated access system |
| <input type="checkbox"/> Switch mounting system | <input type="checkbox"/> Joystick controller (for AAC device) |
| <input type="checkbox"/> Specialised switch (non-mechanical) | <input type="checkbox"/> Integrated wheelchair controller* |

*Subsidy funding for this item is also available through the Mobility Aids area of MASS. Only one application per individual can be made for this item of equipment.

Brand/s and model/s	Clinical justification to support MASS subsidy funding
	Describe current seating/mobility
	Describe current access method
	Trial length
	Trial results/comments
	Clinical justification for supply of requested specialised accessory
	For accessing equipment: Document why other options are not suitable



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Does the applicant/carer understand the maintenance and use of this device in accordance with MASS and supplier procedures?

Yes No

Does the applicant/carer choose to privately own the requested speech generating device?

Yes No

Does the applicant/carer understand MASS requirements of private ownership (if applicable)?

Yes No

Is a safety switch or surge protection device installed in the applicant's home for items connected to mains power for charging/operation?

Yes No

PART G – Prescriber Details (Speech Pathologist)

To be completed in full for all applications

Prescriber Details (required for return correspondence and queries)

10 Name

Title	Family name
Given name(s)	

11 Profession

12 Eligible for practicing membership of Speech Pathology Australia?

Yes No

13 Organisation name

14 Organisation address

Suburb / town	Postcode

15 Contact details

Telephone	Fax
Mobile	
Email	
Contact hours	

16 Signature

I certify that the information contained in this application is in accordance with the MASS General Guidelines.

	Date

PART H – Prescriber Details (Occupational Therapist)

To be completed in full for all applications that include request/s for Specialised Accessories

17 Name

Title	Family name
Given name(s)	

18 Profession

19 Registration Current?

Yes No

20 Organisation name

21 Organisation address

Suburb / town	Postcode

22 Contact details

Telephone	Fax
Mobile	
Email	
Contact hours	

23 Signature

I certify that the information contained in this application is in accordance with the MASS General Guidelines.

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