Public Facility Use Certification

Beneficiary Name: Sponsors SSN:

AVAILABILITY OF SERVICE FROM PUBLIC AGENCY

Types of Service	Services Requested	*Available	Not Available
Audiology			
Nursing			
Occupational Therapy			
Physical Therapy			
Speech Therapy			
Durable Medical Equipment			
Hearing Aids			
Prosthetic Devices			
Other (Specify)			

* Describe the extent, frequency and funding of each available service:

Name and Title of
Public Official: ______________________________ Phone #: ______________

Signature: ______________________________ Date: ______________

Public Facility Use Certification Instructions

This form needs to be placed on the facility's letterhead and completed by one of the following:

1. The superintendent of Schools or Director of Special Education for school age children (except for most durable medical equipment),
2. State Agency such as Department of Developmental Disabilities, Department of Public Health or equivalent for non school-aged children or for services other than therapies for all ages.
3. Military Treatment Facility Commander