Public facility use certification

Beneficiary name: _____ **Sponsor SSN:** _____

Availability or services from public agency

Types of service	Services requested	*Available	Not available
Audiology			
Nursing			
Occupational therapy			
Physical therapy			
Speech therapy			
Durable Medical Equipment (DME)			
Hearing aids			
Prosthetic devices			
Other (specify)			

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

_____

_____

_____

_____

_____

_____

Name of public official: _____

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:

- The superintendent of schools or director of special education for school age children (except for most DME)
- 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.
- Military hospital or clinic commander

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