



NEW HAMPSHIRE MEDICAID

AUGMENTATIVE ALTERNATIVE COMMUNICATION (AAC) EQUIPMENT SAFEGUARDING PLAN

A safeguarding plan outlines where the AAC equipment will typically be used, describes the steps that will be taken to keep the device safe and in good working order while in these locations, and identifies the person(s) responsible for keeping the device safe while at each location. Please complete this form annually by October 31, and submit by mail or by fax to:

Bonnie Vaillancourt, Repair Coordinator
50 Emerald Dr., Hillsborough, NH 03244
603-464-6444 (phone/fax)

Medicaid Recipient's Name _____ Device: _____

	A description of how the device will be kept safe while in this location	The name, title and phone number of person responsible for the device while it is at this location
At the recipient's home		
While the devices is being transported to/from the home (e.g. on the bus)		
While the device is being transported within a location (e.g. at school, or within the community)		
In the classroom, at work or in a similar environment		
While mounted on the recipient's wheelchair (if applicable)		

Signatures and contact information of person(s) responsible for downloading and synchronizing/backing-up software applications and programming, and install and update virus protection (if applicable), and coordinating this safeguarding plan:

_____	_____	_____
Signature and title	Phone number	Date
_____	_____	_____
Signature and title	Phone number	Date