

ICC Lost / Stolen / Damaged Report Form



Claim Form Submitted by

Date Form Submitted: _____

First Name: _____ Last Name: _____

Agency Name: _____ Agency Type: _____

City: _____ County: _____ PSA: _____

Phone: _____ Email: _____

Participants Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Device Information

Original Referral #: _____ CCP Status: CCP Non-CCP

Date Item Lost/Stolen/Damaged: _____ Date Original device was received: _____

What item Lost/Stolen/Damaged: _____

Police Report Filled with: _____

How was the item Lost/Stolen/Damaged:

What attempts were made to recover the item:

What replacement device is being requested:

Signature of who completed the form: _____

IDoA Approval Signature: _____

Illinois Care Connections

ILLINOIS ASSISTIVE TECHNOLOGY PROGRAM

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