

## Shelby List of Agency/Suppliers

Created: 2/2016, Updated:

Copies of these documents are on file with Pediatrician, Emergency contact, Google Docs file. Other documents to cross-reference are 'Shelby Meds', 'Shelby Feeding', 'Shelby Basics', and 'Shelby Doctors'.

**Agency/Supplier:** Early Intervention

**Phone:** number (main)

**Contact:** Coordinator- name, number

PT- name, number

SLP- name, number

**Location:** services in the home, office in town name

**Services/Products Received:** Early Intervention

**Frequency:** weekly, bi-weekly in the home

**Special Considerations:** until 3 years old

**Agency/Supplier:** Schools for Hearing

**Phone:** number

**Contact:** name, title, number

**Location:** Services in the home, office in town name

**Services/Products Received:** TOD

**Frequency:** weekly in the home

**Special Considerations:** none

**Agency/Supplier:** Perkins School for the Blind

**Phone:** number

**Contact:** TVI- name, number

Social Worker- name, number

**Location:** TVI in the home, playgroup in Watertown

**Services/Products Received:** TVI weekly in the home, Playgroup weekly on campus

**Special Considerations:** none

**Agency/Supplier:** local Hospital

**Phone:** number

**Contact:** name, number

**Location:** address

**Services/Products Received:** outpatient OT and PT

**Frequency:** both bi-weekly

**Special Considerations:**

**Agency/Supplier:** Mass Commission for the Blind

**Phone:** number

**Contact:** name, number

**Location:** services in the home, office in New Bedford

**Services/Products Received:** respite, educational support, adaptive equipment, trainings

**Frequency:** as needed

**Special Considerations:** plan visits around IEP schedule

**Agency/Supplier:** Seating and Mobility

**Phone:** number (main)

**Contact:** Rep- name, number

**Location:** services in the home

**Services/Products Received:** adaptive equipment, stander, stroller, bath seat, switches

**Frequency:** as needed

**Special Considerations:** coordinate with/prescribed by PT, OT, SLP, ortho

**Agency/Supplier:** Enteral Company

**Phone:** number

**Contact:** name, number

**Location:** deliver to home

**Services/Products Received:** Enteral supplies: infinity pump, IV pole, 500mL bags, mepitac tape (3 boxes/order), grip locs, right angle g-tube extensions, food 5 boxes/day, syringes-

60, 10, 5, 1, back up g-tube with specs

**Frequency:** monthly before supplies run out

**Special Considerations:** 30 day supplies, plan around holidays, prescribed by Clinic name

**Agency/Supplier:** local pharmacy

**Phone:** number

**Contact:** Pharmacist- name

**Location:** address

**Services/Products Received:** prescription names

**Frequency:** monthly before supply runs out

**Special Considerations:** none, prescribed by Pedi, EA clinic