



A Center for Independent Living

## Assistive Technology for Children Program Application

- Assistive Technology Children Program pays up to \$500.00 for authorized device(s).
- Parent/guardian will pay the difference over \$500.00 upon picking up device.
- Only one device per child, per household.
- *Approval of application is determined by the Executive Director.*

### **SECTION ONE (Please PRINT)**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Address of Child: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County (circle *one*) : Will or Grundy

Parent or Guardian's Name: \_\_\_\_\_

Address of Parent (If different from above): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: PLEASE PRINT \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION TWO - Staff Use Only (Please PRINT)**

Referral Source: \_\_\_\_\_

**Details** of items to be ordered (size, color, model, memory, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Executive Director Signature:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

**Date Ordered:** \_\_\_\_\_

**Ordered By:** \_\_\_\_\_

**Ordered From:** \_\_\_\_\_

**Date Arrived:** \_\_\_\_\_

**Other:**

**If applicable, explain why the order was returned to the Center:**