



A Center for Independent Living

Assistive Technology for Children Program Application

- Assistive Technology Children Program pays up to \$600.00 for authorized device(s).
- Parent/guardian will pay the difference over \$600.00 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: