



Assistive Technology Application

Application Date

Previous Funding? Yes , Year No

1. Applicant Information

Last Name First Name Middle Initial

Date of Birth Sex F M Ethnicity

Home Address

City State County

Telephone Email Address

Assessor's Name Assessor's Title

Assessor's Agency Assessor's Telephone

Assessor's Email Address

2. Eligibility

I _____ (Assessor) confirm that _____ (Applicant) is a legally blind resident of the United States. A financial assessment was conducted by _____ (Agency) and it is confirmed that _____ (Applicant) has a family income of less than \$50,000.00 and cash assets less than \$20,000. (Please attach supporting documents.)

Assessor's Name Printed

Agency

Assessor's Signature
(E-Sign serves as signature)

Date

3. Equipment Request

Name of device

Model Number

Price

Description

How will the device allow the applicant to maximize potential?

How will the device allow increased independence, self-sufficiency, and ability to make choices in daily living?

4. Check List

- Verification Applicant is legally blind
- Verification of Applicant's Income
- Recommendation Letter
- \$25.00 Application Processing Fee (Please make check payable to Beautifully Blind, Inc.)