



Application for Assistive Technology Funding

Assistive Technology often plays a vital role in the lives of people with disabilities. We are pleased to offer funding assistance through the Bellows Fund, which helps provide assistive technology equipment to individuals with disabilities. This program is available only through affiliates of United Cerebral Palsy Association and is reviewed on an individual basis by a review board.

Assistive Technology is any item, piece of equipment, or product that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities.

To Apply for Funds

1. Complete the attached Application Form
2. Obtain a Letter of Support from a physician, therapist, psychologist, rehabilitation engineer, assistive technology professional, or teacher that indicates the equipment requested is consistent with the goals and abilities of the patient. A Letter of Support Form is attached.
3. Send the completed Application and Letter of Support to:

Kathy Tamanaha, Manager

Social and Community Programs

United Cerebral Palsy Association of Hawai'i

414 Kuwili Street, Suite 105

Honolulu, HI 96817

Email: kathy.tamanaha@unitedcerebralpalsyhawaii.org

Distribution of Award

You will be notified by e-mail (or letter if you do not have an e-mail address) of the decision to either grant or deny funding for the equipment requested.



Association of Hawai'i

Application for Assistive Technology Funding

Applicant's name

Date

Address

City

State

ZIP

Telephone number

Name of person completing application

Relationship to applicant

E-mail address

Equipment to be purchased (*be as specific as possible, including item description, product #, cost, and supplier/vendor*):

What funding is currently available to purchase the item?

Amount requested: _____

Brief description of how this item will increase the independence or benefit the person using it:

Have you had the opportunity to try this item? If so, what were the results?

If this equipment has been recommended by a professional (e.g., M.D., P.T., O.T. or speech therapist), please provide the contact information:

Name, Title, and Telephone number

Send the completed form to kathy.tamanaha@unitedcerebralpalsyhawaii.org or mail to: Kathy Tamanaha | United Cerebral Palsy Association of Hawai'i | 414 Kuwili Street, Ste 105 | Honolulu, HI 96817