



## Application for Assistive Technology Funding: Letter of Support

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.

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Name of individual requiring assistive technology

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Equipment requested

Please describe the benefit to the child/patient of the proposed equipment:

Your company/business information:

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Signed

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Title

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Date