United Cerebral Palsy Association of Hawai'i

APPLICATION FOR ASSISTIVE TECHNOLOGY FUNDING

_____ _____

Applicant's name Date

_____

Address City State Zip Code

_____ _____

Name of person completing application Relationship to applicant

_____ _____

E-mail address Telephone/Cell number

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 this completed for to info@ucpahawaii.org or mail to: UCPA of Hawaii, 420 Waiakamilo Rd., Ste 105, Honolulu, HI 96817, Attn: Bellows Grant.