UCP+
United Cerebral Palsy Association of Hawai'i

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.

_____

Name of individual requiring assistive technology

_____

Equipment requested

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

Your company/business:

_____ _____ _____

Signed Title Date

Send the completed form to info@ucpahawaii.org or mail to United Cerebral Palsy Association of Hawai'i, 420 Waiakamilo Road, Ste 105, Honolulu, HI 96817, Attn: Bellows Grant.