

Utah Assistive Technology Foundation

Part Three: Eligibility Form

How did you hear about this program? _____

1. Applicant's Name _____

2. Date of Birth _____ SS# _____

3. Home Address _____

City _____ County _____ State _____ Zip _____

Telephone _____

4. Type of Disability _____

5. Name of Person with Disability (if different than applicant) _____

Date of Birth _____ SS# _____

6. Type of Disability _____

****Income verification is required by Zions Bank (2 most recent paystubs, or 2 months bank statements showing all income, or last 2 years tax returns – front page only)****

7. <u>Source(s) of Household Income</u>	<u>Gross Income Per Month</u>
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
Total Gross Monthly Household Income:	\$ _____

8. Do you have insurance, Medicare or Medicaid? (if yes, which?) _____

9. How many people live in your household? _____

10. Reasons you applied for funding through this program: (**please check all that apply**).
 Could only afford the device/equipment through the statewide AT program (UATF)
 Device/equipment was only available through the statewide AT program (UATF)
 Device/equipment was available through other programs, but this was an easier/faster process
 Other _____

11. Did you explore any other funding source(s) prior to applying through the UATF? **Please list:** (i.e., bank/credit union loan, Medicare, self pay, private insurance, VR, or IL Center).

12. Please indicate the amount of your total monthly household expenses? (include housing, food, credit card, transportation, loan payments, utilities, etc.) \$ _____

I verify that all of the above information is accurate to the best of my knowledge:

Applicant's Signature _____ Date _____