

Utah Assistive Technology Foundation - Telework

How did you hear about us? _____

1. Applicant's Name: _____

2. Date of Birth: _____

3. Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

4. Telephone: _____ Email address: _____

5. Type of Disability: _____

6. **Please attach proof of your disability from a medical professional or enrollment in SSI or SSDI. Failure to provide documentation will lengthen the process and may result in denial.**

7. Please mark your current employment status:

- Unemployed
- Employed
- Self-employed

8. Please mark the following employment barriers that you have experienced and that your Telework job or self-employment will overcome:

- | | |
|---|---|
| <input type="checkbox"/> Inadequate transportation | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Inaccessible work environments | <input type="checkbox"/> The need for personal assistance |
| <input type="checkbox"/> Demanding work schedule | <input type="checkbox"/> Lack of employment opportunities |
| <input type="checkbox"/> Other (please explain) _____ | |

9. Please mark the type of equipment you are seeking funding for:

- | | |
|--|--|
| <input type="checkbox"/> Communication equipment | <input type="checkbox"/> Computer equipment and related software |
| <input type="checkbox"/> Home/office modifications | <input type="checkbox"/> Office furniture and equipment |
| <input type="checkbox"/> Vehicles | |
| <input type="checkbox"/> Tools of the trade (tools or equipment specific to your business) | |

10. Please tell us briefly about the cost, equipment, modification, work site, job or business:

11. Please mark your employment goals:

- | | |
|---|---|
| <input type="checkbox"/> Expand existing business | <input type="checkbox"/> Become newly self-employed |
| <input type="checkbox"/> Change to self-employment from an existing job | <input type="checkbox"/> Change to a teleworking job for an existing employer |
| <input type="checkbox"/> Become newly employed in teleworking or telecommuting for a new employer | |

Other goal _____

12. Please list and/or circle other funding sources: VR, PASS, Loans, Medicaid Waivers, IDAs, Churches, Foundations, Self/Family, None, Other _____

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

Applicant's Signature _____ Date _____