

Release of Information for Required Data Collection Form

The loan for which you are applying is provided through the Alternative Financing Program (AFP) or the Alternative financing Telework Fund (ATF) program. The federal sponsors of these programs (National Institute of Disability and Rehabilitation Research and the Rehabilitation Services Administration) require that your state program _____ (insert program name) submit certain information to ensure that the money being invested in the programs is being delivered equitably and to demonstrate the outcomes of the program. Information being collected includes: individual information (e.g., age, race, sex, primary language spoken, geographic location), type of technology and equipment being requested, information about the loan and loan terms, and information about how the financing and technology received have worked for you and your overall satisfaction with the program.

The federal government is working with the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), the University of Illinois at Chicago (UIC) and your state program to submit this information to a secure, web-based data system. All personally identifying information about you is removed, and summary results are then made available to the public at an accessible website.

As part of this data collection process, we would like to invite you to participate in two interviews to provide information: one interview at the time of your initial application, and another follow-up interview (done at 1 month post if funding was denied or not accepted, done at 6 months post if funding was approved and accepted). The initial interview will be completed with a representative from your state program. After the loan decision has been made, personnel from UIC will contact you at a future date for a follow-up phone interview to discuss the impact of the loan program and your feedback about the process. During both of these interviews, you are free to refuse to answer any questions you do not want to answer. You have the right to decline to participate. All responses will be kept confidential and you will not be identified by name or other personally identifying information within the database or in any reports. Your decision to participate or not in this evaluation process will not effect your loan application or participation in other programs.

Release of Information: I consent to releasing this federally required information into the secure database maintained at UIC. I understand that the information submitted will NOT contain my name, address or any other identifying information, and contact information is requested only for UIC to do the follow-up interview with me.

I consent to releasing all required information.

Contact Information for Follow-up Interview by UIC:

Name: _____

Address: _____

Telephone Number _____

Email _____

Signature of Loan Applicant

Date

State Program Witness

Date

Opportunity to Participate in Future Research

Would you like to be added to a special database in order to be contacted for future related research projects related to assistive technology use? The database is secure and your name or other identifying information will NOT be released to anyone.

I'm interested in being contacted for future research projects

OR

I'm not interested in being contacted for future research projects

I give permission to add my information to the UIC research database.

Signature of Loan Applicant

Date

Contact Information:

Name: _____

Address: _____

Telephone Number _____

Email _____