

## Utah Assistive Technology Foundation Grant Application

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_ SS# \_\_\_\_\_

2. Home / Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

3. Person with Disability  
Name \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Disability \_\_\_\_\_

4.	Source of Income	Gross Income Per Month
a.	_____	\$ _____
b.	_____	\$ _____

Total Gross Monthly Income: \$ \_\_\_\_\_

5. How many family members live in your home? \_\_\_\_\_

6. Do you have insurance, Medicaid or Medicare? \_\_\_\_\_

7. Do you have assets other than a home or car? If yes, please list \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part Two: Device Information

Please provide the following information about the equipment or device(s) for which you are requesting a grant, including the name and address of the supplier.

#### Equipment/Supplier

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Device/Service (Be specific) \_\_\_\_\_

Loan Amount \_\_\_\_\_

Total Amount Requested \_\_\_\_\_

Note: If a grant is approved the check will be made payable to both the borrower and provider or vender.

You will need to send an invoice from the vendor with the exact price, including sales tax, shipping and handling.