

Utah Assistive Technology Foundation - Telework Part Three: Eligibility Form

How did you hear about us? _____

1. Applicant's Name _____

2. Date of Birth _____ SS# _____

3. Home Address _____

City _____ State _____ Zip _____

Telephone/email _____

4. Type of Disability _____

5. 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.

6. Please circle your current employment status:

- ⇒ Unemployed
- ⇒ Employed
- ⇒ Self-employed

7. Please circle the employment barriers you have experienced and that your telework job or self-employment will overcome:

- ⇒ Inadequate transportation
- ⇒ Fatigue
- ⇒ Inaccessible work environments
- ⇒ The need for personal assistance
- ⇒ Demanding work schedule
- ⇒ Lack of employment opportunities
- ⇒ Other (please explain) _____

8. Please circle the type of equipment you are seeking funding for:

- ⇒ Tools of the trade (tools specific to your business, such as farm equipment, etc.)
- ⇒ Communication equipment
- ⇒ Computer equipment and related software
- ⇒ Home/office modifications
- ⇒ Office furniture and equipment
- ⇒ Vehicles

9. Please tell us briefly about the cost, equipment, modification, job or business:

10. Please circle your employment goals:

- ⇒ Become newly self-employed (Do not have a job now)
- ⇒ Become newly employed in telework (work from home or a call center) for a new employer
- ⇒ Change to teleworking or telecommuting job for an existing employer
- ⇒ Change to self-employment from an existing job
- ⇒ Expand existing business
- ⇒ Other goal _____

11. Do you have another funding source? If so, please list _____

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

Applicant's Signature _____ Date _____