Assistive Technology Program Application

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status: (Circle One) Single Married Divorced Separated Widow Single

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____/_____/_____ Age: _____ Sex: ☐ Male ☐ Female

Primary Disability: _____

Individuals Annual Income: $_____ Household Annual Income (if married): $_____

AT Service/Item Request

Please check the service or item requested and add description or details (if applicable).

Assistive Technology:

- ☐ Hearing Aids
- ☐ Wheelchairs
- ☐ Communication Devices
- ☐ Other_____

Home Modification(s):

- ☐ Entry and Exit
- ☐ Portable Ramp
- ☐ Permanent Ramp
- ☐ Stair Glide
- ☐ Bathroom Modification
- ☐ Doorway Widening
- ☐ Access to Bathroom
- ☐ Other: _____

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Home Modifications Continued…

Are you the Homeowner? ☐ Yes ☐ No

Condition of the home: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you plan to move in the next 12 months? Yes ☐ No ☐

Vehicle Modification(s):

Are you the owner of the vehicle? ☐ Yes ☐ No

Condition of the Vehicle: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Year: _____ Make: _____ Model: _____ Mileage: _____

Kelley Blue Book Value: $ _____ (to be completed by ILS) ☐ Attach copy of Vehicle Title

Cost estimate of AT service request: $ _____

Do you have the required in-kind funds? ☐ Yes ☐ No

How will this item/service help to increase your independence?

_____

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By signing this application, I agree that the information provided to process the AT service request is accurate to the best of my knowledge. I understand that the AT program is not an entitlement program and receipt of funds are on a first come/first served basis and are contingent upon ARI's AT eligibility criteria, verification of the above information, and funding availability. AT request may need additional documentation for approval such as a doctor's, audiologist's or occupational therapist's evaluations, medical records, etc.

It is the applicant's responsibility to update their mailing address with ARI should there be a change.

Print Name: _____ Date: _____

Signature: _____

ARI Staff Signature: _____

Please send completed application by fax to (443) 713-3909 or email bhein@arinow.org

Accessible Resources for Independence, 1406-B Crain Highway South Suite 206, Glen Burnie, MD 21061
www.arinow.org • Phone: 410-636-2274 • Fax: 443-713-3909