Assistive Technology Grant Program Fact Sheet

Accessible Resources for Independence (ARI) may provide basic assistive technology to eligible individuals with significant disabilities in Anne Arundel and Howard Counties when such services are needed to achieve the goal established on an Independent Living Plan (ILP).

The Assistive Technology Grant Program may be able to assist with the purchase or repair of goods or services. ARI will pay for the least cost item or service, which meets the disability needs of consumers within the constraints of individual funding limits. We cannot reimburse for purchases or modifications made prior to ARI approval. ARI will pay the vendor directly. ARI's architectural and vehicle modifications shall conform to the current ADA Guidelines or be designed to meet the user's needs.

AT funds are provided to an individual in amounts up to $7,500 every 24 months. Consumers are expected to contribute a percentage of the cost, between 10% and 20%, through their own funds or through contributions obtained from other organizations or individuals. This is an income-based grant. The most recent federal tax return or Social Security Award Letter must be submitted to ARI to determine eligibility.

Applications must be submitted along with household income documentation, and a written estimate of the cost of the AT or home/vehicle modification requested. Documentation can be scanned and emailed to arinow@arinow.org , faxed to 443.713.3909, or mailed to ARI 1406B Crain Hwy Suite 206 Glen Burnie, MD 21061 ATTN: AT Specialist.

If you are interested in applying for the AT Grant or require additional information, please contact ARI at 410.636.2274.

See page two for a description of Assistive Technology (AT).

Accessible Resources for Independence
1406B Crain Hwy S Suite 206
Glen Burnie, MD 21061
410.636.2274 443.713.3909-fax
arinow@arinow.oeg

Assistive Technology includes:

- Aids for Daily Living
- Vehicle Modifications
- Environmental Control Units (ECU)
- Augmentative and Alternative Communication (AAC) Devices
- Hearing Aids and other devices that Medicare/Medicaid or other insurers will not cover.

Home Modifications will be limited to:

1. Entry and exit of home
    - Exterior door widening
    - Ramp or lift
    - Door handles and locks
    - Stair railings
2. Bathroom Modifications
    - Widening of doors
    - Installation of grab bars
    - Modification of sinks/toilets
    - Devices designed to independently use the shower or bathtub
3. Interior home modifications
    - Interior door widening
    - Installation of stairlifts or similar equipment
    - Installation of other adaptive equipment to assist the individual in performing essential activities of daily living.

Vehicle Modifications

- Hand controls
- Spinner knobs
- Wheelchair lift or ramp
- Pedal extenders

The vehicle must be owned by the consumer or their family and meet safety standards once modified.

The consumer must meet MVA's requirements for an adapted vehicle.

Assistive Technology Program
Income Guidelines

10% of total cost

Family Size	1	2	3	4	5	6	7	8
Income	28,150	32,200	36,200	40,200	43,450	46,650	50,040	56,720

15% of total cost

Family Size	1	2	3	4	5	6	7	8
Income	46,900	53,600	60,300	67,000	72,400	77,750	83,100	88,450

20% of total cost

Family Size	1	2	3	4	5	6	7	8
Income	74,800	85,450	96,150	106,800	115,350	123,900	132,450	141,000

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June 2026

Assistive Technology Program Application

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widow _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

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

Primary Disability: _____

Individuals Annual Income: _____ Household Marital Annual Income: _____

AT Service Request

Please check the service or item requested for this grant and add description or details if applicable.

Assistive Technology:

____ Hearing Aids
____ Mobility Aid
____ Communication Device
____ Vision Aid
____ Aid for Daily Living
____ Other: _____

_____

Home Modification:

____ Portable Ramp
____ Permanent Ramp
____ Stair Lift
____ Bathroom Modification
____ Other: _____

Are you the homeowner? _____ Yes _____ No

Condition of the home: _____

Do you plan to move in the next 12 months: _____ Yes ____ No

Assistive Technology Grant Application

Vehicle Modification(s):

Are you the owner of the vehicle: ____ Yes ____ No

If not, who owns the vehicle: _____

Condition of the vehicle: ____ Excellent ____ Good _____ Fair _____ Poor

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

Cost Estimate of AT Service/Modification Requested: $_____

Do you have the required consumer match? Please refer to the attached Income Guidelines chart.

_____ Yes _____ No

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

Assistive Technology Program Application

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 serve basis and are contingent upon ARI's AT eligibility criteria, verification of the above information, and funding availability. AT requests may need additional documentation for approval such as a doctor's, audiologist's or occupational therapist's evaluation, 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 the completed application, income documentation, and a written estimate by fax to 443-713-3909, email to arinow@arinow.org, or mail to the address below.

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