 **Revised 8.1.16**

**Application for Services**

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| **Participant Information** | **Parent/Guardian Information**  (when requesting equipment on behalf of a minor) |
| **Name:** | **Name:** |
| **Physical Address:**  **Mailing Address:** | **Physical Address:**  **Mailing Address** |
| **City:**  **State: Zip:** | **City:**  **State: Zip:** |
| **Phone:**  **Alt. Phone:** | **Phone:**  **Alt. Phone:** |
| **Email:** | **Email:** |

**Participant Information**

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| **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Gender:**     * **Female** * **Male** | **Race:**   * **African American** * **Asian-American** * **Caucasian** * **Hispanic-American**   **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **General Disability Type:**   * **Vision** * **Hearing** * **Speech** * **Learning, Cognitive, Developmental** * **Mobility** * **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Funding Source**   * **Medicaid Private Insurance** * **Medicare Other \_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Application for Services Page 2**

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| **Required Documentation: Applications *will not* be processed without a copy of Driver’s License or State Issued ID or Documentation of Disability.**  **Copy of Driver’s License or State Issued ID is attached**   * **Documentation of disability is attached**   (Letter from physician, nurse, case worker, other certifying official, or copy of SSI Letter)    In order to receive equipment individuals must:   1. Reside in Mississippi 2. Have a documented disability 3. Have no other readily-available funding source |

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| **Item(s) requested:** Please understand that your requests will be considered based upon availability.  All items are not available at all times | |
| **Computer:**   * **Refurbished Desktop** * **Refurbished Laptop**   **For what purpose will you use your computer?** | **Loaner Equipment:**   * **Wheelchair**   **Height \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_**  **Level of Injury \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * **Cane/Crutch/Walker** * **Communication Device** * **Vision Device** * **Activity of Daily Living Device** * **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**By signing below, to the best of my knowledge, I verify that all the information in this document is complete and accurate.**

**Recipients’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project START Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**