 **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 \_\_\_\_\_\_\_\_\_\_\_\_\_**
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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**