

Application for Services

Participant Information	Parent/Guardian Information (when requesting equipment on behalf of a minor)
Name:	Name:
Physical Address:	Physical Address:
Mailing Address:	Mailing Address
City:	City:
State: Zip:	State: Zip:
Phone:	Phone:
Alt. Phone:	Alt. Phone:
Email:	Email:
Participant Information	
Date of Birth:	Race:
Gender:	☐ African American
☐ Female	☐ Asian-American
	☐ Caucasian☐ Hispanic-American
□ Male	- Inspanie-American
	Other
General Disability Type:	Funding Source
□ Vision	☐ Medicaid ☐ Private Insurance
☐ Hearing	□ Medicare □ Other
	☐ Medicare ☐ Other *How did you hear about Project START?
 Learning, Cognitive, Developmental 	□ MDRS
□ Mobility	☐ Health Fair
□ Other	- □ Social Media
	☐ Another Agency

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	
Item(s) requested: Please understand that your requests will be considered based upon availability. All items are not available at all times	
Computer:	Loaner Equipment:
☐ Refurbished Desktop	□ Wheelchair
☐ Refurbished Laptop	Height Weight
For what purpose will you use your computer?	☐ Mobility
	☐ Communication Device
	☐ Vision Device
	☐ Activity of Daily Living Device
	☐ Hearing
	□ 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: