

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:

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: _____