



Utah Assistive Technology Foundation Small Grant Application

Referred by: _____

1. Applicant's Name _____

2. Home Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

3. Date of Birth _____

4. Race/Ethnicity (optional) _____

5. Type of Disability _____

6. Person w/disability (**if different than applicant**) _____

Date of Birth _____ Type of Disability _____

7. **Source(s) of Household Income** **Gross Income per Month**

_____ \$ _____

_____ \$ _____

Total Gross Monthly Household Income \$ _____

8. Including yourself, how many family members live in your home? _____

9. Do you have private insurance, Medicaid or Medicare? If yes, please list: _____

10. If you have Medicaid or Medicare, have you applied for funding for this device? _____

If you applied and have been declined, please attach a copy of the denial letter.

11. How much are you able to contribute towards your grant request? _____

I verify that all of the above information is accurate to the best of my knowledge. My signature below indicates that if my request for funding is approved to purchase this device(s), I: a) accept all liability for any damage or injury that may be caused by its use; and b) hold harmless the Utah Assistive Technology Foundation, Utah Assistive Technology Program, the Center for Persons with Disabilities and Utah State University for any injuries or damage that may occur as a result of its use.

Type your name _____ Date _____



**Utah Assistive Technology Foundation
Grant Application – Part Two**

Please provide an invoice or other detailed information about the equipment or device(s) for which you are requesting a grant, including the name, address and phone number of the vendor, along with make/model and total cost. Email, fax, regular mail the application to: shelly.wood@usu.edu.

**Utah Assistive Technology Foundation
6835 Old Main Hill
Logan, UT 84322
PHONE: 800-524-5152
FAX: 435-797-2355**