Gerald "Jerry" Vogel Assistive Technology Fund

Application for Financial Assistance

Applicant's name:			_Age:	_ Date of Birth	າ:
Address:		City:	Cour	ıty:	State:
Applicant's name: Address: Zip Code:	Phone: ()		Alternate Pl	none: (<u>)</u>	
Applicant's Place of Employer Parent's Name(s) (if applica	ment: nt is a minor):			
Father's Place of Employme	nt:	Mothe	er's Place of E	Employment: _	
Disability or Diagnosis:					
Date of onset of disability:_					
Equipment requested: Total Cost \$:					
Total Cost \$:	Amou	nt family can	contribute to	ward cost \$: _	
Amount requested from the	Geraid Jerr	y voger ATF	una \$:		_
Have any other agencies or					
If yes, which agencies and	wnat was the	outcome:			
Will your personal insurance	e cover any o	f the equinme	ent requested	l? Yes·	No:
If yes, how much?					
			11.00.01.00.0	Jpa	
Is applicant eligible for and,	or receiving	assistance fro	m: (circle on	e)	
Is applicant eligible for and, KanCare/Medicaid Yes N Medicare Yes N Social Security Yes N	o Kansas	Rehabilitatio	n Services (V	/R)	Yes No
Medicare Yes N	o Kansas	Special Healt	th Services		Yes No
Social Security Yes N	o Supple	mental Securi	ity Income (S	SSI or SSDI)	Yes No
Do you have a prescription If yes, from whom?					
If yes, from whom? Gross annual family income	\$:	Numb	er of persons	s living in the l	household:
How would receiving funding	g for the req	uested equipn	nent improve	your life?	
I verify that the information questionnaire if provided wi	•		e and I agre	e to complete	a follow-up
Signature:				Date:	
Applications should be subn Assistive Technology Kansas University Ce 2601 Gabriel Avenue	for Kansans nter on Disat	oilities - Parso		stive Technolo	ogy Fund

Phone: (620) 421-8367 Fax: (620) 421-0954 Web: www.atk.ku.edu