

W.E. Tobin Fund for Visual Assistive Technology  
at the University of Delaware

Application for Assistance

Personal Information

Last Name:

First Name:

Middle Initial:

Date of Birth:

Street Address:

City:

State:

Zip:

Do you rent or own your home?      \_\_\_ Rent      \_\_\_ Own

Telephone:      Best time to call:

Email:

Emergency Contact

Last Name:

First Name:

Middle Initial:

Relationship to you:

Street Address:

City:

State:

Zip:

Telephone:

Referred by:

**Tobin is a payer of last resort.** This means that Tobin funds are committed only when applicants have exhausted their other options for securing funding. List agencies or organizations to which you have previously applied for funding for this item(s).

Why were you denied or referred to Tobin? (**Attach copies of letters showing proof of denial and referral.**)

## Educational Background

Are you currently enrolled in school?       Yes       No

If yes, what school/college/university do you attend?

What grade or year of college are you in?

If you attend college please identify your course of study.

## Employment

Do you work?       Yes       No

If yes, where do you work?

If not, do you want to work?       Yes       No

If yes, what's your area of interest?

## Disability

Please describe the nature of your disability/disabilities:

Name of eye doctor:

Street Address:

City:

State:

Zip:

Telephone:

Email:

Visual Acuity

Right Eye: \_\_\_\_\_

Left Eye: \_\_\_\_\_

\_\_\_ I give you permission to verify my visual disability with my eye doctor.

**Copies of the following documents are required in order for your application to be reviewed.**

\_\_\_ Enclosed is a copy of my low-vision exam and recommendations.

\_\_\_ Enclosed is a copy of my Assistive Technology evaluation form from DVI

What low-vision or mobility aids do you currently use?

Are you on DVI's Registry?       Yes       No

If so, which one? (check one)

Education

Voc Rehab

Independent Living

What type of technology are you requesting?

Please list equipment you are requesting (manufacturer name, model, and cost, if known)

Have you had a trial period with this item?       Yes       No

Please describe how assistance will help you continue your education, gain employment, advance in employment, maximize independence at home or in the community, other.

Other information you believe will be helpful:

## Financial Information

Current Annual Income:

Source of Primary Income:

Other sources of income (relatives, trusts, rental properties, alimony, child support, etc.) and amounts.

Address(es) of any non-rental property you own that is not your primary address.

I give the W.E. Tobin Fund permission to contact other parties that may have information pertinent to my application.

Applicant Signature:

Date:

Parent or Guardian's Signature if Applicant is under 18 years of age

Date:

Return the completed form and required attachments to:

Sonja L Rathel

University of Delaware

20123 Office Circle

Georgetown, DE 19947

Email: rathel@udel.edu.

Fax: 302-856-6990

For Office Use Only:

Interview Completed by:

Date:

Approved:            \_\_\_ Yes            \_\_\_ No