

# APPLICATION

Combating Social Isolation and Promoting Community Engagement through Assistive Technology

## INTRODUCTION

Do you need technology to connect to school, work, community services, or family and friends?

This program gives technology to people who need it and don't have any other way to get it. If you receive services from an agency such as DDDS, DVR or a school district, you will first need to contact them to see if they can meet your technology needs.

This program provides technology to people with disabilities with limited incomes. To be eligible, you must be a person with a disability and your household income level cannot exceed the guidelines indicated. If you need help filling out this form, contact Allison Berdoulay by telephone at (302) 831-3632 or [send an email to aberd@udel.edu](mailto:aberd@udel.edu).

## SECTION 1

### INFORMATION ABOUT YOU:

Name:

Date of Birth:

Gender (select one):

Male

Female

Gender Non-Conforming/Gender Non-Binary

Other:

Home address:

Street:

City:

State:

ZIP:

Mailing address (if different):

Primary phone number (include area code):

Alternate phone number (include area code):

E-mail address:

Are you the applicant, or are you assisting someone in completing this form?

I am the applicant. If you checked this box, go on to **Section 2**.

I am assisting someone. If you checked this box, please provide information about the applicant in the box below, and then complete the rest of the form on behalf of the applicant, not with your own information.

**APPLICANT INFORMATION:**

Name:

Date of Birth:

Gender (select one):

Male

Female

Gender Non-Conforming/Gender Non-Binary

Other:

Home address:

Street:

City:

State:

ZIP:

Mailing address (if different):

Primary phone number (include area code):

Alternate phone number (include area code):

E-mail address:

## SECTION 2

Are you currently being served by any of these programs or service systems?

Division of Developmental Disabilities Services (DDDS)

Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

Division for the Visually Impaired (DVI)

Division of Vocational Rehabilitation (DVR)

Division of Medicaid and Medical Assistance (DMMA)

Public School

Private School

Other, please specify:

Who is your contact (case manager, counselor, etc.)?

Contact name:

Contact email:

Contact phone number:

Have you contacted the agencies checked above to see if they can meet your technology needs?

YES      NO

If you checked yes, who did you speak with and what did they tell you?

If you checked no, you need to make those contacts before applying to this program.

Do you give us permission to contact the people noted above so that we can verify that you are eligible for this program? (check yes or no)

YES      NO

## SECTION 3

### INCOME ELIGIBILITY:

To be eligible, you must **EITHER** have a total family/household income below 200% of the Federal Poverty Guidelines (FPG) **OR** currently be enrolled in a federal program with an income eligibility requirement that does not exceed 200% of the FPG. In other words, if you qualify for Medicaid, Supplemental Security Income (SSI), Federal public housing assistance or Section 8, Food Stamps or the Supplemental Nutrition Assistance Program (SNAP), you meet the income eligibility requirement for this program. You also meet income eligibility requirements if your family/household income is below the thresholds noted below. For example, a family of four can have an income up to \$52,530 and meet the income eligibility requirements for the program.

### 2020-2021 Federal Poverty Guidelines for Delaware residents

# of persons in family or household and maximum income permitted.

1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

\*For each additional person add \$8,960 to the maximum income permitted

Source: [U.S. Department of Health and Human Services](#)

For purposes of determining income eligibility, “income” and “household” are defined as follows:

“Income” is all income actually received by all members of a household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, lottery winnings, and the like. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.

A “household” is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated

persons. An “economic unit” consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians.

**INFORMATION ABOUT YOUR INCOME:**

How many people live in your household?

What is your household income?

Do you receive any of the following benefits? (check all that apply)

Medicaid

Supplemental Security Income (SSI)

Federal public housing assistance or Section 8

Food stamps or the Supplemental Nutrition Assistance Program (SNAP)

**SECTION 4**

**INFORMATION ABOUT YOUR TECHNOLOGY NEEDS:**

Please describe the ways you want technology to help you.

Do you have trouble with any of the following? Please check all that apply:

Walking

Seeing

Hearing

Talking

Remembering

Organizing

Reading

Writing

Typing

Using your hands

Other (please describe):

Do you already know what product or products you need?

YES NO

**If you answered yes:**

What is the product?

How do you know that the product is the right item for you?

Have you ever tried this product before? Explain.

Do you know how to use it, or will you need help in learning how to use it?

Do you have a family member or friend who could help you, or would you like help from a professional in our program?

**If you answered no**, we will have someone contact you to learn more about your needs. Then we will arrange a meeting to evaluate your needs. You will also have a chance to try some products to see if they work for you.

**APPLICANT ATTESTATION (SIGNATURE REQUIRED)**

I certify that all information provided on this application, including information about my disability and income, is true, complete, and accurate to the best of my knowledge. I authorize program representatives to verify the information provided.

Print name of applicant or parent/guardian (if applicant is under age 18):

Signature:

Date:

Relationship to Applicant:

Telephone number (include area code):