

# Funding Request Worksheet

**Date:** \_\_\_\_\_

## Personal Information

Full name	
Address	
City	
State	
Zip Code	
Phone	
Email	
Date of Birth	
Educational Level	
Employment Status	
Income level	
Family status (parents, children)	
Private insurance coverage	

## Medical Information

Family physician name	
Physician address and phone	
Medical Diagnosis	
Disability	
Special education services required	

## Public Services

**Previously Accessed with date**

Medicaid	
Medicare	
Local school district	
Social security (specify)	
Rehabilitation services	
Other (specify)	

**Complete each of the following**

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The particular device I need is:

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The device will improve my abilities by:

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The name of the manufacturer is:

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The cost of the device is:

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The amount I or my family can contribute is:

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The feature of the device are:

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The reason this device is needed over alternative solution is:

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**Include with your paperwork**

- Literature/specification of the device
- Photograph or catalog photo of the device
- Photo of yourself

**Physician's Information**

- Physician's prescription
- Physician's Letter of Medical Necessity
- Medical Diagnosis

**Other Letters of Medical Necessity from**

- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Assistive Technology Specialist
- Rehabilitation Specialist
- Teacher (specify):
- Other (specify):