

MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

PART ONE - Applicant Information*

Note: If you do not wish to fill out the entire form immediately, this section is necessary for us to contact you and assist you with the application process.

Date of Application:

Relationship to loan applicant: Self Parent/Guardian Other

If Other, please explain:

Applicant Name: (person whose information will be used to process the request)

Last Name:

First Name:

Middle Initial:

Date of Birth:

Address:

Do you: Own Rent Other If Other, please specify:

How long at this address:

City:

State:

ZIP:

Phone:

Work:

Cell:

Fax:

Email:

Preferred Method of Contact:

Best Time and Days to Contact:

Have you previously applied to the Montana Assistive Technology Loan Program? Yes No

Have you previously received credit from Montana Assistive Technology Loan Program? Yes No

Co-Applicant Information (If needed):

Last Name:

First Name:

MI:

Primary Contact Phone or other method:

Name of person who will be using the assistive technology, if different from applicant:

The purpose of this loan application is to help me/our family acquire a specific assistive technology device or service. I/We wish to borrow \$ _____ for the following assistive technology device(s) or service(s) Please check all that apply (If you need help with these terms, there is an appendix of examples provided for you in this packet):

Aids for Daily Living	Home Modifications	Prosthetics/Orthotics
Communication Devices	Architectural Barrier Free Design	Switches/Input
Work-site Modification	Vehicle Modification	Computer Adaptations
Vision Aids	Durable Medical Equipment	Hearing Devices
Environmental Controls	Farm Machinery Adaptations	Transportation
Recreation/Leisure	Other (Specify)	

Explain the nature of your disability: (Attach additional pages if necessary)

**The assistive technology will assist the individual to do the following more independently:
(Attach additional pages if necessary)**

You may sign this document now and we will contact you to help complete the application. Or you may continue filling out the application and submit when it's completed.

Signature of Applicant:

Date:

Signature of Co-Applicant:

Date: