



Gerald "Jerry" Vogel Assistive Technology Fund

Application for Financial Assistance

Applicant's name: _____ Age: _____ Date of Birth: _____
Address: _____ City: _____ County: _____ State: _____
Zip Code: _____ Phone: _____ Alternate Phone: _____

Applicant's Place of Employment: _____
Parent's Name(s) (if applicant is a minor): _____
Father's Place of Employment: _____ Mother's Place of Employment: _____

Disability or Diagnosis: _____
Date of onset of disability: _____
Equipment requested: _____
Total Cost: _____ Amount family can contribute toward cost: _____
Amount requested from the Gerald "Jerry" Vogel AT Fund: _____

Have any other agencies or groups been contacted for assistance? _____
If yes, which agencies and what was the outcome: _____

Will your personal insurance cover any of the equipment requested? _____
If yes, how much? _____ Name of the Insurance Company: _____

Is applicant eligible for and/or receiving assistance from: (indicate one)
KanCare/Medicaid: _____ Kansas Rehabilitation Services (VR): _____
Medicare: _____ Kansas Special Health Services: _____
Social Security: _____ Supplemental Security Income (SSI or SSDI): _____

Do you have a prescription or professional recommendation for the items requested? _____
If yes, from whom? _____
Gross annual family income: _____ Number of persons living in the household: _____
How would receiving funding for the requested equipment improve your life?

I verify that the information provided above is accurate and I agree to complete a follow-up questionnaire if provided with financial assistance.

Signature: _____ Date: _____

Applications should be submitted to:

Assistive Technology for Kansans - Gerald "Jerry" Vogel Assistive Technology Fund
Kansas University Center on Disabilities at Parsons
2601 Gabriel Avenue, Parsons, Kansas 67357

Phone: (620) 421-8367 ~ Fax: (620) 421-0954 ~ Website: <http://atk.ku.edu/>