

Assistive Technology for Kansans
1000 Sunnyside Ave, Rm #1052
Lawrence, KS 66045
TEL: 800-526-3648
FAX: 620-421-0954
www.atk.ku.edu



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 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?

Signature: _____ Date: _____

Applications should be submitted to:

Assistive Technology for Kansans – Gerald "Jerry" Vogel Assistive Technology Fund
KU Life Span Institute
1000 Sunnyside Ave, #1052
Lawrence, KS 66045