



# FOUNDATIONS *for* INDEPENDENCE

## Cerebral Palsy of Utah

3550 South 700 West  
Salt Lake City, Utah 84119  
801-266-1805  
801-266-2404 Fax  
[www.ffiutah.org](http://www.ffiutah.org)

### EQUIPMENT PURCHASE ASSISTANCE

#### Applicants Information

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Disability: \_\_\_\_\_

Extent Involved: \_\_\_\_\_

Background history on applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicaid or insurance information: \_\_\_\_\_

\_\_\_\_\_

#### Parent/Guardian Information

Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Employment: \_\_\_\_\_

\_\_\_\_\_

Annual income: \_\_\_\_\_

Any other income received: \_\_\_\_\_

Does the applicant receive SSI      Yes \_\_\_\_\_      No \_\_\_\_\_

What contribution are you able to make towards obtaining this equipment?

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**Technology Required**

Item Requested: \_\_\_\_\_

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Cost: \_\_\_\_\_

What will insurance cover? \_\_\_\_\_

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What is the status of the insurance application? \_\_\_\_\_

What other funding have you applied for? \_\_\_\_\_

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Other funding possibilities: \_\_\_\_\_

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What would you like Foundations to provide? \_\_\_\_\_

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**Additional Comments**

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**For Office Use**

**ACTION TAKEN** \_\_\_\_\_

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