

Bellows Fellows 2012 Application

Name of Affiliate: **UCP of Maine**
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Section 1.

Name of Bellows Fellows Nominee: _____

If under 18, Parent or Legal Guardian Name(s) _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Section II.

Description of assistive technology equipment: (Attach proposal if available).

Cost of assistive technology equipment:
(Maximum request of \$3,000.00, request can be for co-pay to make up partial cost not covered by other funding source).

If cost of equipment is more than funds available, what additional funding is in place

to secure the assistive technology?(Full funding must be demonstrated to be eligible).

Section III.

Please list any evaluations or recommendations for this assistive technology: Provider, date, followup, etc.

Section IV.

Describe attempts to secure funding for requested equipment/devices, including private insurance/public funding streams and the results of these attempts:

Section V.

How will the assistive technology increase the individual's independence and quality of life?_____

By signing below, the applicant/guardian certifies to UCP of Maine that the funds requested will be used for the purchase of the assistive technology equipment outlined above and that the individual has exhausted all government and personal resources available to them.

Signature:_____

Printed Name:_____

Date:_____