

# The Arc of Illinois Presents

## Technology Assistance

### Who Can Apply?

- A person with an intellectual or developmental disability
- Family member on behalf of a person with an intellectual or developmental disability
- Must be an Illinois resident

### How Do I Apply?

- The application form must be completed and returned to The Arc of Illinois
- You must include a copy of an evaluation/assessment to show the need for the assistive technology device and what type of device is needed.

### CONTACT

The Arc of Illinois  
20901 S. LaGrange Rd.  
Suite 209

Frankfort, IL 60423  
Phone 815-464-1832  
Fax 815-464-5292

Email: [janet@thearcofil.org](mailto:janet@thearcofil.org)



*The Arc of Illinois*, through a generous donation, has developed a new *Assistive Technology Program*. This program will fund, or partially fund, the purchase of assistive technology for individuals with intellectual and/or developmental disabilities who have received an evaluation/assessment from a qualified provider but the purchase is not subsidized by Medicaid, Medicare or Private Insurance.

Our goal through the Assistive Technology Program, is to enhance and improve the quality of life for persons with intellectual/developmental disabilities by providing opportunities for individuals to receive technology to help with education, employment, community living and independence.

The maximum amount funded will be \$500.00 per person or family. Upon approval, the device will be shipped directly to the applicant.



# Application Form

## Assistive Technology Program



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

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Fill in the blanks that apply:**

1. I am a person with a developmental disability. My disability is \_\_\_\_\_

2. My family member (circle one: son, daughter, other \_\_\_\_\_ ) is a person with a developmental disability. Family Member Name: \_\_\_\_\_

Their disability is: \_\_\_\_\_

3. I am the guardian/foster parent of a person with a developmental disability. Their disability is:  
\_\_\_\_\_

4. Age of the person who will be using the equipment: \_\_\_\_\_

5. The primary purpose for an AT device is related to:

- Early Intervention     
  Education     
  Community Living     
  Employment

6. Do you receive SSI? \_\_\_\_\_

7. Are you Medicaid eligible? \_\_\_\_\_

8. Please indicate what service (if any) you are receiving or have received from the Illinois Department of Human Services Division of Developmental Disabilities or the Division of Rehabilitation Services or the Illinois school system.  
\_\_\_\_\_

9. Please describe the assistive technology device for which you would like financial assistance. Also, please let us know what your primary use of the device will be and the amount of assistance needed. Use the back of this form if needed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following statement must be signed to validate this request: I am requesting assistance from The Arc of Illinois to receive Assistive Technology Equipment that has been recommended for me by a professional evaluation. I would be unable to purchase this equipment without this support. I promise to complete an evaluation form to let The Arc of Illinois know how this AT device has helped me improve my quality of life and/or live a more independent life. Without evaluations to show the positive outcomes, the funding for this program will come to an end.

Signature \_\_\_\_\_



**Additional Forms**  
**Assistive Technology Program**



**Release of Liability**

I agree to indemnify and hold harmless The Arc of Illinois and The Arc of Illinois Assistive Technology Program and any and all employees, agent or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against The Arc of Illinois and any and all employees, agents or representatives of same, in connection with receiving assistive technology equipment from The Arc of Illinois Assistive Technology Program.

I also understand it is my responsibility to get any technical assistance, data plans or any other help needed to use the equipment. Funding or partial funding for the equipment only is provided through The Arc of Illinois Assistive Technology Program

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Authorization for use of Photographs/Names**

I/We authorize The Arc of Illinois to share photographs (for promoting the program) and evaluation information to the funders of this program for the specific intent of securing continued funding. In order to continue this program, we need to know that it is successfully helping individuals live a more quality life and/or more independent life.

\_\_\_\_\_  
Signature of Individual, Parent or Guardian

\_\_\_\_\_  
Date

Return your signed application, your Professional Assistive Technology Evaluation and this signed form to:

The Arc of Illinois  
20901 S. LaGrange Rd.  
Suite 209  
Frankfort, IL 60423