

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
9980 190th Street, Suite C
Mokena, IL 60448
Phone 815-464-1832
Fax 815-464-5292
Email: janet@thearcofil.org



The Arc of Illinois, has developed an **Assistive Technology Fund**. 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 Fund, 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. In order to help more people, we will only fund one device or software. 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
9980 190th St, Suite C
Mokena, IL 60448**



Resources for Assistive Technology Assessment/Evaluation

- For children who receive therapy services in school or through early intervention, check with current providers for assistance with an evaluation/assessment.
- Adults receiving agency-based services, check with your Service Facilitator at the agency or Case Manager at your Independent Service Coordination agency.
- Check with your primary care physician for recommendations or assistance with the request.
- Check with local providers of disability and therapy services.
- Check with local hospitals and medical centers. Many have therapy services and departments.
- Check with local universities to determine whether they offer these services.
- The UIC Department of Disability and Human Development Assistive Technology Unit provides free Assistive Technology Assessments. More information and contact details are available at www.uicatu.org. Referrals can be made via an e-mail to atu@uic.edu or faxed to 312-413-3709.
- If you are enrolled in either the Integrated Care Program (ICP) or the Medicare-Medicaid Alignment Initiative (MMAI) Program, you may check with the care coordinator at your managed care company. Start by calling the toll free customer service number.
- The Illinois Life Span website at www.illinoislifespan.org lists service providers by Service Type, Provider Type and by County. Please check for providers or call us at 1-800-588-7002 for assistance.