

UTAH COUNCIL OF THE BLIND

Application for Adaptive Technology

Full Name _____ Date _____

Mailing Address _____

Phone: Home _____ Work _____

Cell _____

E-mail Address _____

Visual Impairment: _____

Referred by: _____

Annual Household Income (include spouse) _____

Individual Income Max. \$32,000 or Household Income Max \$50,000

Verification may be requested.

Item(s) to be purchased _____

Estimated cost _____

Are you able to pay 25% of the cost? _____

What other sources of help have you tried?

Why were those attempts not successful?

Intended use: _____

Will you need training and, if so, how will you obtain it?

Mail or email application to: UCB PO Box 1415, Bountiful, Utah
84011-1415 or utahblind@gmail.com Office Phone: 801-245-9264 M-F
10am-5pm