

UTAH COUNCIL OF THE BLIND
Application for Adaptive Technology

Full Name _____ Date _____

Mailing Address _____

Phone: Home _____ Work _____
Cell _____

E-mail Address _____

Annual Income _____

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: _____

Item needed by: _____

Are you familiar with the product and how to use it?

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