

COALITION FOR ASSISTIVE TECHNOLOGY IN OREGON
APPLICATION FOR LOAN EQUIPMENT

NAME OF APPLICANT (CHILD) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ BIRTHDATE _____ AGE _____

NAME OF PARENTS OR GUARDIAN _____

ADDRESS (IF DIFFERENT FROM APPLICANT'S) _____

CITY _____ STATE _____ ZIP _____

WORK PHONE # _____ HOME PHONE # _____

NAME OF TECHNOLOGY SUPPORT PERSON: _____

PHONE: _____ EMAIL: _____

INFORMATION ABOUT YOUR CHILD'S DISABILITY:

1. Briefly describe your child's disability:

2. Is your child now undergoing any treatment or therapy for the condition?

____ Yes ____ No

If yes, where? _____

Nature of treatment or therapy:

3. How long has this condition existed? _____

4. Is your child's condition permanent? ____ Yes ____ No

If no, expected duration: _____

EQUIPMENT REQUEST

5. What assistive devices are you requesting? (Please list all items. Be specific.)

6. Has your child had a trial period with the devices? ___Yes ___No. (If yes, please describe.)

7. What assistive technology does your child currently use?

8. How will the technology you are requesting be compatible with other equipment your child uses?

1. How will the technology be used at home?

10. Will this technology be used at school? If so, how?

11. Will your child move to a new school in the next six months? If so, who will be a technology support person in that environment?

12. Have you applied for any grants for this equipment from any other source?

___Yes ___No

If yes, please list the source and what was requested:

13. Have any of these grant applications been approved? ___ Yes ___ No ___ Pending

If yes, by whom and in what amounts?

14. If grants have been approved, have you notified the award agencies of your application to CATO for equipment? _____Yes _____No

15. Are you able to pay for any part of the equipment you are requesting?

_____ Yes _____ No

If Yes, what amount are you able to contribute?

SUPPORTING DOCUMENTATION

Grants of assistive technology equipment are awarded to children with disabilities in Oregon who are age two to twenty. The equipment is loaned on a long-term basis to families (i.e., until outgrown or no longer needed). Requested equipment must be needed at home but may also be used at school. The executive board of the Coalition for Assistive Technology (CATO) meets on a quarterly basis to review applications.

APPLICATION CRITERIA

On additional pages attached to this application, please address the eight items described below. Your information should be as complete as possible. Reports, letters or opinions from your child's teachers, therapists, physicians, etc. may be helpful. Please include as much information as possible which offers supporting documentation of need and prior evaluation. Your application will be scored based on inclusion of all of the following criteria.

1. Use as Assistive Technology • The equipment requested will be used to enhance functional capabilities such as writing, speaking or using print materials. It will not be used only for the purposes practicing specific skills such as spelling or math facts.
2. Demonstration of Need • The equipment requested will augment the child's current abilities and enable the child to be more independent.
3. Team Decision • A team of individuals who know the child have recommended this device. One person from the team has been identified as the person who will provide technical support.
4. Prior Evaluation • A variety of devices have been evaluated for use. The request clearly describes why the equipment requested is the most useful and most cost efficient.
5. Trial Period • The equipment requested has been tried with the student and the student has demonstrated the ability to benefit from its use.
6. Technical Support • There are skilled individuals in the child's community who are able and willing to provide technical assistance in the use of the equipment when needed by the child or the family.
7. Predetermined Goals • The family and the local support person have established clear goals for the child's use of the equipment and can describe the plan for learning to use the equipment and for its regular use.
8. Need • The family has already attempted to acquire the equipment from other sources. (Financial need is not a requirement, but may affect prioritization.)

PLEASE INSERT INFORMATION SUPPORTING THE APPLICATION CRITERIA AFTER THIS PAGE. THEN PROCEED TO PAGE 4 FOR TEAM SIGNATURES.

Date of Application _____

TECHNOLOGY TEAM MEMBERS (signatures are required for application)

The following individuals have been a part of this child’s assistive technology team. They have participated in helping to determine the child’s need for assistive technology and will continue to provide support to the family as needed if the request for technology is granted. If a change in placement is anticipated, a team member from the new environment has also participated.

PARENT/GUARDIAN SIGNATURES:

_____ Date _____

TEAM MEMBER SIGNATURE: _____

ROLE: _____ Date _____

TEAM MEMBER SIGNATURE: _____

ROLE: _____ Date _____

TEAM MEMBER SIGNATURE: _____

ROLE: _____ Date _____

TEAM MEMBER SIGNATURE: _____

ROLE: _____ Date _____

RETURN APPLICATION TO:

**C.A.T.O.
P.O. Box 431
Winchester, OR 97495**

For further information contact:

Gayl Bowser at 541-440-4791 or
Email: gayl.bowser@douglasesd.k12.or.us

DEADLINES FOR SUBMISSION

- **October 1st**
- **January 1st**
- **April 1st**