



### Application for Services

Participant Information	Parent/Guardian Information (when requesting equipment on behalf of a minor)
<b>Name:</b>	<b>Name:</b>
<b>Physical Address:</b> <b>Mailing Address:</b>	<b>Physical Address:</b> <b>Mailing Address:</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>	<b>City:</b> <b>State:</b> <b>Zip:</b>
<b>Phone:</b> <b>Alt. Phone:</b>	<b>Phone:</b> <b>Alt. Phone:</b>
<b>Email:</b>	<b>Email:</b>

### Participant Information

<p><b>Date of Birth:</b> _____</p> <p><b>Gender:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p><b>Race:</b></p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian-American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Hispanic-American</p> <p><b>Other</b> _____</p>
<p><b>General Disability Type:</b></p> <p><input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Hearing</p> <p><input type="checkbox"/> Speech</p> <p><input type="checkbox"/> Learning, Cognitive, Developmental</p> <p><input type="checkbox"/> Mobility</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Funding Source</b></p> <p><input type="checkbox"/> Medicaid      <input type="checkbox"/> Private Insurance</p> <p><input type="checkbox"/> Medicare      <input type="checkbox"/> Other _____</p> <p><b>*How did you hear about Project START?</b></p> <p><input type="checkbox"/> MDRS</p> <p><input type="checkbox"/> Health Fair</p> <p><input type="checkbox"/> Social Media</p> <p><input type="checkbox"/> Another Agency</p>

Required Documentation: Applications *will not* be processed without a copy of Driver's License OR State Issued ID AND Documentation of Disability.

- Copy of Driver's License or State Issued ID is attached
- Documentation of disability is attached  
(Letter from physician, nurse, case worker, other certifying official, or copy of SSI Letter)

In order to receive equipment individuals must:

1. Reside in Mississippi
2. Have a documented disability
3. Have no other readily-available funding source

Item(s) requested: Please understand that your requests will be considered based upon availability. All items are not available at all times

Computer:

- Refurbished Desktop
- Refurbished Laptop

For what purpose will you use your computer?

Loaner Equipment:

- Wheelchair  
Height \_\_\_\_\_ Weight \_\_\_\_\_
- Mobility
- Communication Device
- Vision Device
- Activity of Daily Living Device
- Hearing
- Other \_\_\_\_\_

By signing below, to the best of my knowledge, I verify that all the information in this document is complete and accurate.

Recipients' Signature: \_\_\_\_\_

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

Project START Director: \_\_\_\_\_

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