

Adaptive Technology Program Application

The Coalition of Persons with Disabilities is pleased to invite applications for Adaptive Technology, Devices or Equipment that will support persons with disabilities in the removal of barriers to live, to work, to learn and to play in Newfoundland and Labrador.

Deadline to apply: August 26th, 2022

Section 1 – Applicant Information

Name of Applicant _____ DOB: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Telephone: _____ Email: _____

Name of contact person, (if different from person making application): _____

Relationship to Applicant: _____ Telephone: _____

Email: _____

Section 2 – Eligibility

To be eligible for the Adaptive Technology Program you must meet the criteria below. Please check each that apply to ensure eligibility.

Applicant is a resident of Newfoundland and Labrador.

Applicant identifies as a person with a disability.

Applicant does not have private insurance that will cover the device, equipment or technology.

Applicant is not eligible for other government subsidized programs.

(If you are unsure of your eligibility for government subsidized programs, please check this box.)

Applicant's purchase of the device, equipment, or technology could cause financial hardship.

Applicant verifies this as an unmet or emerging need.

Section 3 – Device/Equipment/Technology Information

Adaptive Device, Equipment or Technology Requested: _____

Did a professional recommend the device, equipment or technology? Yes _____ No _____

If yes, please provide details: _____

How will the requested device, equipment or technology remove barriers for you?

Have you tried the adaptive device, equipment or technology? Yes _____ No _____

Please provide details: _____

Is the requested device, equipment or technology intended to replace something you have recently, or are currently using? Yes _____ No _____

Please provide details: _____

Section 4 – Financial

In lieu of requesting a Canada Revenue Agency Notice of Assessment, we would like to hear about your specific financial circumstances as it relates to this application. From the lists in each part, please select each specific sentence that describes you/your family's financial situation.

*Basic Needs include food, housing and transportation.

** Expendable Income might mean you are able to go to the movies, purchase books, or similar each month.

Part 1

- I am comfortably able to meet all of my basic* need
- I do not have debt
- I own my home or property
- I own or lease a car
- I am employed or do not need to work to meet my needs
- I have access to financial savings
- I have some expendable** income
- I can always buy new items
- I can afford an annual vacation or take time off

Part 2

- I may stress about meeting my basic needs but still regularly achieve them
- I may have some debt but it does not prohibit attainment of basic needs
- I own or lease a car
- I am employed
- I might have access to financial savings
- I have some expendable income
- I am able to buy some new items and I thrift others
- I can take a vacation annually or every few years without financial burden

Part 3

- I frequently stress about meeting basic needs and don't always achieve them
- I have debt and it sometimes prohibits me from meeting my basic needs
- I rent or have unstable housing
- I do not have a car and/or have limited access to a car but cannot always afford gas
- I am unemployed or underemployed
- I qualify for government assistance

- I have no access to savings
- I have no or very limited expendable income
- I rarely buy new items because I am unable to afford them
- I cannot afford vacation or cannot take time off without financial burden

I certify that the information I have provided on this form is true, correct and complete to the best of my knowledge.

Name (Print): _____ Date: _____

To submit your application through email, save your application and then attach the document to an email and send it to us at AT@codnl.ca. Or, mail us a printed copy at: COD-NL, PO Box 8004, St. John's, NL, A1B 3M7

For more information, contact Hope at AT@codnl.ca or by phone at 709-597-8596 or toll free at 1-800-846-9420

Print

**The financial checklist is adapted from *The Green Bottle Sliding Scale: A Tool of Economic Justice* developed by Alexis J. Cunniffolk.

OFFICE USE ONLY	
Application Rec'd Date: _____	Assessed Date: _____
Approved: _____	Declined: _____
Amount Awarded: _____	Reason for decline: _____
Sourced: _____	_____
Order: _____	_____
Received: _____	_____
Signature: _____	Date: _____