Application for Assistance					
Personal Information					
Name:	Last	First	MI	DOB	
Street Address:					
City:	S	tate:	Zip:		
Do you (check one) □ rent or □ own your home?					
Telephone:			Best time to call:		
Email:					
Emergency Contact:		Last	First	MI	
Relationship to	you:				
Street Address:					
City:	S	tate:	Zip:		
Telephone:					
Referred by:					
Tobin is a payer of last resort. This means that Tobin funds are committed only when applicants have exhausted their other options for securing funding. List agencies or organizations to which you have previously applied for funding for this item(s).					

Why were you denied or referred to Tobin? (Attach copies of letters showing proof of denial and referral.)				
Educational Background				
Are you currently enrolled in school?	Yes	No		
If yes, what school/college/university do you attend?				
What grade or year of college are you in?				
If you attend college please identify your course of study.				
Employment				
Do you work? (circle one)	Yes	No		
If yes, where?				
If not, do you want to work? (circle one)	Yes	No		
If yes, what's your area of interest?				

Disability				
Please describe the nature of your disability/disabilities:				
Name of eye docto	r:			
Street Address:				
City:	State:	Zip:		
Telephone:				
Email:				
Visual Acuity:	Right Eye	Left Eye		
☐ I give you permission to verify my visual disability with my eye doctor.				
Copies of the following documents are required in order for your application to be reviewed.				
□ Enclosed is a copy of my low-vision exam and recommendations.				
□ Enclosed is a copy of my Assistive Technology evaluation form from DVI.				
What low-vision or mobility aids do you currently use?				
Are you on DVI's R	legistry? Yes	No		
If so, which one?	□ Education	□ Voc Rehab	☐ Independent Living	

## W.E. Tobin Fund for Visual Assistive Technology at the University of Delaware

What type of technology are you requesting?				
Please list equipment you are requesting (manufacturer name, model, and cost, if known)				
Have you had a trial period with this item?	Yes	No		
Please describe how assistance will help you cor advance in employment, maximize independence	ntinue yo e at hom	our education, gain employ ne or in the community, oth	ment, er.	
Other information you believe will be helpful:				
Financial Information				
Current Annual Income:				
Source of Primary Income:				

## W.E. Tobin Fund for Visual Assistive Technology at the University of Delaware

Other sources of income (relatives, trusts, rental properties, a amounts.	limony, child support, etc.) and
Address(es) of any non-rental property you own that is not you	ur primary address.
I give the W.E. Tobin Fund permission to contact other parties pertinent to my application.	s that may have information
Applicant Signature	Date:
Parent or Guardian's signature if Applicant is under 18 years of age	Date:
Return the completed form and required attachments to:	
Allison Berdoulay, University of Delaware, 461 Wyoming RD, N Email: <u>aberd@udel.edu</u> ; 302-831-3632, fax: 302-831-4690	lewark, DE 19716;
For Office Use Only:	
Interview Completed by: Date:	
Approved: ☐ Yes ☐ No	