

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPLICATION FORM
Equipment Loan Fund for the Disabled
(Please Print or Type)

☛ Read the instructions on the reverse side of this form carefully. Failure to complete appropriate sections may result in rejection of the application.

SECTION I-A

1. Section I-A must be completed by the person who will be financially responsible for the loan and who is, therefore, the loan applicant. Please check the appropriate box below signifying that the loan applicant is the:

A Disabled person B Parent C Spouse D Legal Guardian E Individual who resides with disabled person
F Other (Specify relationship) i.e. son, daughter, brother, etc.

2. Last Name	3. First Name	4. M.I.	5. Birthdate	6. Social Security Number
7. Street Address		8. Home Phone No. ()		9 Sex <input type="checkbox"/> M <input type="checkbox"/> F
10. Total Family Annual Income (Gross) \$				
11. City	12. County	13. State		14. Zip Code
15. Name, address and phone no. of nearest relative not living with you				16. Relationship

SECTION I-B

Section I-B must be completed if you checked Box B, C, D, E or F in Section I-A above. If so, please enter descriptive information about the disabled individual below. If you checked Box A in Section I-A above, then leave this section blank.

17. Last Name	18. First Name	19. M.I.	20. Birthdate	21. Social Security Number
22. Street Address		23. Sex <input type="checkbox"/> M <input type="checkbox"/> F		24. Disabled Person's Annual Income: (Gross) \$
25. City		26. County		27. State
				28 Zip Code

SECTION II

29. Type and description of disability:
30. Description of barrier to be overcome:
31. How will the proposed purchase assist in overcoming that barrier?

**SECTION III
Equipment Vendor Completes**

32. Vendor's Description/Quote (Please Print or Type)		
Brand Name	Model No.	Cost (incl. Tax) \$
Type of Equipment		
33. Vendor's Name		34. Street Address
35. City	36. State	37. ZipCode
39. Vendor's Signature:		38. Phone No. ()
		40. Date

**SECTION IV
Physician Completes**

41. Physician's Certification (Please Print or Type)				
I certify that _____ has a disability as defined in Section 292, New York State Executive Law. (See Section IV on reverse side)				
42. Diagnosis, Description of disability and functional limitations: _____				
43. How will proposed purchase assist patient: _____				
44. Physician's Name			45. License Number	
46. Street Address		47. City	48. State	49. Zip Code
51. Physician's Signature		50. Phone Number ()		
			52. Date	

SECTION V

53. Loan Amount: (Note: The loan amount requested should not be less than \$500 nor more than \$4,000. See Section V on reverse side.) Loan Amount Requested \$
--

SECTION VI

54. Loan Applicant's Certification: I certify under penalty of perjury under the laws of the United States of America and the State of New York that the information contained on this application is true and correct to the best of my knowledge, that I have attempted to obtain the described equipment through other sources of assistance (See Section VI on reverse side) and that the disabled person identified above is not eligible for nor can obtain such assistance. I authorize you to discuss my application with treating sources and vendors of the equipment I am requesting, if necessary, and also to use the information to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the program. The N.Y.S. Office of Children and Family Services has the right to request verification of the inability of the applicant to obtain funding from any other source.	
55. Loan Applicant's Signature	56. Date

Tear off and retain Copy #2 of the application for your records. Mail the original and Copy #1 to the following address:

Equipment Loan Fund for the Disabled
Bureau of Financial Operations
N.Y.S. Office of Children and Family Services
52 Washington Street, Room 248
Rensselaer, N.Y. 12144

For OCFS use only:

Date Received
Date Approved
Date Rejected

INSTRUCTIONS

Introduction

The Equipment Loan Fund for the Disabled is a program which offers low interest loans for the purchase of essential equipment necessary for disabled persons to overcome barriers to daily living or vocational functioning following rehabilitation. Loan requests may be for amounts ranging from \$500 to \$4000. The fund was set up to help eligible New York State residents with disabilities obtain essential equipment they could not afford otherwise. Loans are available either directly to the disabled person or to the disabled person's parent, spouse, legal guardian, individual with whom such disabled person resides, or significant other.

Essential equipment means equipment which assists the disabled person to overcome barriers associated with the disability in daily living or vocational functioning following rehabilitation. The following are some examples of equipment that come under this category: prostheses, ramps, wheelchairs, wheelchair van lifts, telecommunication devices for the deaf and hearing impaired, and devices which allow persons who are blind or visually handicapped to discern printed material. (This is not an all-inclusive list and other types of equipment may qualify under this program.)

A disabled person is a person who has been certified as disabled by a New York State licensed physician or psychologist.

Instructions Overview

Sections I-A, II, V and VI are to be completed by the loan applicant. Section I-B must also be completed with information about the disabled person if he/she is not the loan applicant identified in Section I-A.

Section III is to be completed by the equipment vendor.

Section IV is to be completed by a New York State licensed physician or psychologist.

NOTE: THOSE APPLICATIONS WHICH FAIL TO PROVIDE SUFFICIENT INFORMATION TO DETERMINE THE APPLICANT'S ELIGIBILITY OR WHICH SHOW THE APPLICANT TO BE INELIGIBLE WILL BE RETURNED TO THE APPLICANT BY THE LOAN ADMINISTRATOR WITH AN EXPLANATION OF THE REASON THEY FAILED TO BE ACCEPTED.

Specific Instructions by Section

I-A Section I-A must be completed by the person who will be financially responsible for the monthly remittance of the loan. This individual may be the disabled person or the disabled person's parent, spouse, legal guardian, individual with whom such disabled person resides, or significant other. If the applicant's relationship to the disabled person is not described by any of the categories in boxes B thru E., check Box F and write in relationship. (If the disabled person is under the age of eighteen, a parent or legal guardian must complete and sign this loan application and is therefore the loan applicant.)

In Box No. (6) the loan applicant

S Social Security Number is entered. This will assist the Office in the application process. This information will also be used should there be a need to collect monies due. Social Security Numbers, however, do not have to be provided for the application to be accepted.

In Box No. (8) enter applicant's home phone number or a phone number at which applicant can be reached. If there is no phone number at which applicant can be reached, enter "none".

I-B Section I-B must be completed with information about the disabled person if he/she is not the loan applicant identified in Section I-A. If the disabled person is the loan applicant, then leave this section blank.

In box No. (21) the disabled person's Social Security Number is entered. If the disabled person does not have a Social Security Number, enter "none".

In box Nos. (23-28), If the address of the disabled person is the same address as the loan applicant in Section I-A, write "same" in Box No. (23)

II Section II must be completed by the loan applicant giving specific answers to each of the three questions asked about the disability. If there is insufficient space, attach an additional sheet.

III Section III must be completed and signed by the equipment vendor who will be selling the equipment to the loan applicant. The vendor should be a firm or corporation doing business in N.Y.S. The following information is required:

- Generic and/or brand name
- Description, if not adequately identified by generic or brand name
- Model number, if appropriate
- Cost (including sales tax)

Product brochures, if appropriate, may also be attached.

IV Section IV must be completed and signed by a physician or psychologist licensed to practice in New York State certifying the individual's disability. Under Section 292 of the New York State Executive Law, the term "disability" means a physical mental or medial impairment resulting from anatomical, physiological or neurological conditions which prevent the exercise of a normal bodily function and which may be demonstrated by medically accepted clinical or laboratory diagnostic techniques.

V Section V must be completed by the loan applicant. Loan disbursements may be for dollar amounts ranging from a minimum amount of \$500 to a maximum amount of \$4,000. For example, if a piece of equipment costs \$4600, the loan amount requested would be \$4,000 with the remaining \$600 being supplied from the individual's personal financial resources.

VI Section VI must be signed by the loan applicant and dated. The loan applicant's certification includes an affirmation that he/she has attempted to obtain the described equipment through other sources of assistance. Such sources of assistance include but are not limited to: other sources of credit, Federal and State programs of public assistance and vocational rehabilitation, and private assistance programs.