

Partnerships in Assistive Technologies, Inc.
PATHS, Inc.
P.O. Box 238
Dellslow, WV 26531
Telephone (Toll-Free): (800)841-8436
FAX: (304)293-7294

❖ **Do you or your family member need assistive technology and do not know where to turn?**

PATHS, the **P**artnerships in **A**ssistive **T**ec**H**nologie**S**, is a non-profit group dedicated to increasing awareness about and access to assistive technology (AT).

❖ **What is assistive technology (AT)?**

AT is anything that helps you or a family member do something. Eye glasses help us see. Velcro helps us tie our shoes instead of using laces. It is anything that makes life a little easier and helps independence.

❖ **PATHS is taking applications for those who need AT in the state of West Virginia.**

Many people need AT, but affording devices can be difficult for some people. PATHS is offering awards of up to \$550.00 worth of equipment/devices to qualified individuals.

Please note: The total cost of the device(s), including any taxes and shipping and handling, cannot exceed \$550.00. We cannot “pool” our money with others. For example, we cannot pay \$550.00 towards a \$700.00 purchase, and you or another source pay the difference. The total cost of the product(s) cannot exceed \$550.00; this price must include all device extras, such as software.

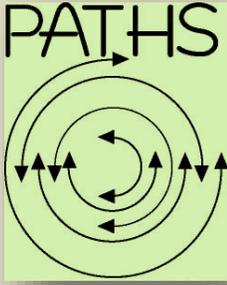
❖ **How do I qualify?**

A person of any age and disability may apply. You (or a family member) must need AT to help foster independence at home, school or work. You must have **NO OTHER** funding sources to buy the devices. **Proof** you have no other funding sources will be required along with a completed application (i.e., denial letter from insurance provider, family support, etc.).

If the individual is receiving services from the WV Department of Education (public school or the Birth to Three program) we cannot fund assistive technology devices that should be covered in the Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP).

❖ **When are applications due?**

Applications must be postmarked by March 1, 2017.



Partnerships in Assistive Technologies, Inc.
PATHS, Inc.
P.O. Box 238
Dellslow, WV 26531
Telephone (Toll-Free): (800)841-8436
FAX: (304)293-7294

CHECKLIST FOR APPLICATION

Submit all of the below items for you application to be considered complete.

- Proof of identity. (Copy of driver's license or identification card issued by the Department of Motor Vehicles). If the device is for an individual under the age of 18 who does not have valid ID, you must include *your* ID.
- Proof of disability. (Doctor's report, OT/PT evaluation, prescription for equipment, psychological report, or report from other qualified medical personnel.)
- Fully completed application. Please double check the application, as incomplete applications will not be considered; the application must be signed.
- Proof you have no other funding resources. This might include such things as denial letter(s) from Medicare/Medicaid/insurance, a letter from an Independent living council stating that at this time they cannot purchase the item for you, or a letter from other source(s) showing that you are not eligible or that they are unable to provide the requested device. The letter must clearly state that they will not or cannot provide the device.
- Information regarding the requested device. This would include information necessary such as the distributor(s)/company, the complete cost including all attachments, taxes, and shipping/handling. This should include the company name and/or website, address, phone number or other pertinent information that would be needed for PATHS to obtain this device for you. PATHS directly pays for the device under \$550, and can only do so with accurate information. The total price including all shipping, handling, and additional components cannot exceed \$550.
- A copy of this checklist.

APPLICATION INSTRUCTIONS

You *must* provide proof of identity (copy of driver's license or identification card issued by Department of Motor Vehicles). Individuals must also provide proof of their disability related to their request (doctor's report, OT/PO evaluation, or prescription for equipment) and proof of no other funding sources. All questions must be answered completely and mailed to:

PATHS, Inc.
Attn: Jamie Hayhurst
P.O. Box 238
Dellslow, WV 26531

Eligible applications will be reviewed by the PATHS Board. Up to four applicants will be awarded equipment worth up to \$550.00 each. The award recipients will not receive the funds directly. PATHS will pay the manufacturer or distributor of the AT device.

If you have any questions regarding the application, the application process or need assistance completing the application, please call **800-841-8436**.

PERSONAL INFORMATION

All information on this application form is strictly confidential and will only be used to determine your need. **Please print or type.**

Name of Person in need of AT:

Name of Parent/Guardian (if applicable):

Address:

Date of Birth:

Telephone Number:

What type of assistive technology do you need? Please check category(ies):

AT for Daily Living (Cooking, dressing, etc.)	<input type="checkbox"/>	Augmentative Communication (Symbol board, etc.)	<input type="checkbox"/>
Home Modifications (Ramp, light switch extender, etc.)	<input type="checkbox"/>	Vision Aids (Magnifiers, bump dots, Perkins Braille, etc.)	<input type="checkbox"/>
Mobility Equipment (Cane, walker, etc.)	<input type="checkbox"/>	Farm Machinery Adaptations	<input type="checkbox"/>
Hearing (Personal amplification, etc.)	<input type="checkbox"/>	Recreation Aids (Adapted fishing equipment, etc.)	<input type="checkbox"/>
Computer Equipment (Software, adaptive keyboard or mice, etc.)	<input type="checkbox"/>	Sensory Equipment (Light table, sensory boards, etc.)	<input type="checkbox"/>

Other (Please describe):

Describe what you would like PATHS to purchase, including brand name (attach extra sheets if necessary):

What is the cost of the equipment/modifications? (Up to \$550.00)

What is the amount of award being requested? (Up to \$550.00)

Describe which of the abilities of the person with a disability will be affected by the assistive technology requested. Check all that apply:

Seeing	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Talking/Communicating	<input type="checkbox"/>	Remembering	<input type="checkbox"/>
Getting around/Mobility	<input type="checkbox"/>	Handling Objects/Reaching	<input type="checkbox"/>
Interacting with others/Socializing	<input type="checkbox"/>	Learning new information	<input type="checkbox"/>

Other (Please describe):

Explain why the equipment will help you (or family member) with employment/education/independence (attach extra sheets if necessary):

I have read and understand this application. Everything that I have stated is correct to the best of my knowledge.

By signing below, I am applying for a PATHS award, I authorize all persons that serve on the PATHS Board the right to review the information provided on this application.

Applicant/Guardian Signature:

Date: