

Instructions for Completing the Independence Fund Loan Application

If you have any questions, or need help completing the application please contact Jodi Harrington, 865-3404 ext. 125, jharrington@oppsvt.org

1. Start with the **Loan Application Letter**. Please complete all sections and provide as much detail as possible.
2. Complete the **Loan Liner** form. Be sure to complete each section and that the information you provide is accurate and current.
3. Complete the **Opportunities Credit Union Membership Application**. Membership in the Credit Union is required to apply for a loan.
4. Read and sign the **Data Collection Release Form**. This form must be signed and included in your application package.
5. Complete the **Initial Contact Survey** form. (These questions are optional).
6. Once the application is complete, mail the entire packet using the enclosed envelope. **Applications that are missing information will delay the decision on your loan.**

Upon receipt of a complete application, the Independence Fund will review the application, generally within 48 hours. After an initial review of the application, the Credit Union may request additional documentation or information including:

- A **cost estimate** for the assistive technology or device for which you wish to borrow money. The estimate should come from the vendor of the device and should include exact specifications whenever possible.
- A **photocopy of your picture ID**. You may use your driver's license or non-driver photo ID.
- **Proof of income**. If you work outside the home, you will be asked to submit a copy of your pay stub. Otherwise, we will request a copy of your SSI Award Letter; SSDI check; or a copy of a bank statement showing deposit.

You will be contacted if we require additional information and/or when we have made a decision regarding your loan. Feel free to contact Jodi Harrington at 802-865-3404 x125 to check on the status of your loan.

Independence Fund Loan Application Letter

Dear Independence Fund:

The purpose of this loan application is to help me/our family acquire a specific assistive technology device or service. I/We wish to borrow \$_____ (amount) for the following assistive technology device(s) or service(s): (check one)

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Activities of daily living/personal care equipment | <input type="checkbox"/> Home/building Modifications |
| <input type="checkbox"/> Adapted vehicle modifications | <input type="checkbox"/> Mobility Equipment |
| <input type="checkbox"/> Communication Device | <input type="checkbox"/> Personal care equipment |
| <input type="checkbox"/> Computer/Computer Adaptation/Software | <input type="checkbox"/> Prosthetics/Orthotics |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Recreation Aid |
| <input type="checkbox"/> Farm Machinery Adaptations | <input type="checkbox"/> Seating/Positioning Equipment |
| <input type="checkbox"/> Environmental Control Device | <input type="checkbox"/> Vision Aid |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Worksite/School Modification |
| | <input type="checkbox"/> Other_____ |

My disability is:

The assistive technology will allow me to do the following more independently:
(Example: "If I have a scooter, I will be able to drive to the store.")

I expect to be able to use this assistive technology for _____ (number of years).

I decided that this is the assistive technology I need by:

- | | |
|----------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Being evaluated by a doctor/therapist | <input type="checkbox"/> Trying the device |
| <input type="checkbox"/> Other | |

I would like help making sure that this is the best technology for me.

The following documents are attached to this letter:

- Confidential Information Release
- Loan Liner Application
- Opportunities Credit Union Membership Application

Signed,

Consent to Release Information Required for Data Collection

The loan you are applying for is provided through the Alternative Financing Program (AFP). The federal sponsor for this program is the U.S. Department of Education Rehabilitation Services Administration. The federal sponsor requires Opportunities Credit Union to collect certain characteristics of loan applicants (including age of person who will be using the technology, race, sex, type of technology requested, type and amount of loans requested, satisfaction with loan program).

- I understand that my loan application decision will not be affected whether or not I decide to provide this information,
- I understand that I may refuse to answer any of the questions.
- I understand I have the right to decline to participate.
- I acknowledge that all personal information that could identify me shall be removed; my answers to this data collection process will be combined with other applicants' and this data will be published on a website maintained by the University of Illinois at Chicago.

I Do Do Not give consent to the Opportunities Credit Union Independence Fund loan program to provide the required information (listed above) into the secure database maintained at the University of Illinois at Chicago. I understand that the information submitted will NOT contain my name, address or any other identifying information.

Name: _____

Address: _____

Telephone Number: _____ E-
mail: _____

Signature: _____ Date: _____

Initial Contact Survey

Answering the following questions is optional. **The information is collected for research purposes and is not used for loan determination. Please answer the following questions about the person who will be using the requested assistive technology.**

1. Who is providing information for this alternative financing request? Check one.
 - Assistive Technology (AT) User
 - Representative of Assistive Technology User

2. How did you find out about this program?
 - Advertising (e.g. TV, radio, newspaper)
 - Information received in the mail
 - Information from the World Wide Web/Internet
 - Referral from friend/acquaintance
 - Referral from professional (e.g. OT, PT, doctor, social worker)
 - Referral from a disability-related agency - Agency name: _____
 - Referral from Vermont Center for Independent Living (VCIL)
 - Referral from Vermont Assistive Technology Project (VATP)
 - Referral from an equipment vendor, supplier, or dealer - Vendor name: _____
 - Referral from a bank, credit union, or lending institution
 - Other (please describe): _____
 - Do not know or do not remember
 - No response

3. What is your race?
 - Caucasian
 - Hispanic
 - African-American
 - American Indian or Alaskan Native
 - Native Hawaiian
 - Pacific Islander
 - Asian Indian
 - Asian
 - Other (Please specify): _____
 - No Response

4. Is English your primary language?
 - Yes
 - No (Please write in primary language): _____
 - No Response

5. Do you currently receive pay for work (not volunteer/unpaid work)?

- Yes, full time (30+ hours/week)
- Yes, part time (29 or less hours/week)
- No
- No Response

6. Please complete the following table regarding financing options that you have previously explored that are related to this Assistive Technology funding request. Check the appropriate boxes next to funding sources you have explored, applied for or been denied.

	Funding Explored	Applied For	Funding Denied	Applicable
Self-Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Division of Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Developmental Disabilities Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood (Infant/Toddler 0-3) Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School System (K-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Insurance (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Bank or Credit Union Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Loan or Gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundation or Community Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>