301 West Main Street, Durham, NC 27701 | Tel: 919.956.4400 | Fax: 919.956.4600 | www.self-help.org

## Referral Form for N. C. Assistive Technology Finance (NC ATF) Program

Date: ________________ Applicant's Name: ______________________________________________

Applicant's Address: ______________________________________________________________

______________________________________________________________

Applicant's Phone Number:_______________ Applicant's E-Mail: ___________________________

Additional Contact information:______________________________________________________

______________________________________________________

Type of Assistive Technology Device/Service to be financed: ____________________________

Purpose for Device:

Approximate cost of device $ ___________ Approximate Amount to be borrowed $ ____________

Name of Referring Agency/ or Individual: _________________________________________

Has the individual done an assessment for the particular device to be purchased? Yes ☐ No ☐

If Yes, please provide a copy of the assessment.

If No assessment, please provide information regarding the support of and/or need for this device.

Name:___________________________________________

Your Referral qualifications (i.e. ear doctor):_________________________________________

Reason for the Assistive Technology Loan:___________________________________________

Your Signature:________________________________ Date: _______________________________

Your Contact information: __________________________________________________

__________________________________________________

If you do not have any sort of referral for the device you wish to finance please contact Self-Help and we will work to determine an appropriate referral source.

Please provide any additional information here: ___________________________________________

______________________________________________________________________________

*Return completed form to:*

**N.C. Assistive Technology Program**
5501 Executive Center Drive, Suite 105, Charlotte, NC 28212
tamara.pereboom@dhhs.nc.gov
Fax: 704-566-2862 | Tel: 704-566-2899

For NCATP use

Staff name: ______________________

Signature: ______________________

Date: ______________________

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