



301 W. Main Street, Durham, NC 27701 | Tel: (919) 956-4400 | Fax: (919) 956-4600 | 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 \$

Have you had an examination/assessment or tried the device to be purchased? Yes No

Please provide examination/assessment details here:

Reason for the Assistive Technology loan:

Please provide any additional relevant 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

Tel: (980) 296-6793 | Fax: (980) 296-6816

For NCATP use

Staff name:

Signature:

Date: