

**Assistive Device / Auxiliary Assistance**  
**Application For Funding**

1. Funds requested for which semester(s) and year: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Fresno State P/S I.D.#: \_\_\_\_\_

4. Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

5. Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

6. Department Contact Name: \_\_\_\_\_

7. Department Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

8. Status of Position:     Staff             Faculty             MPP

If temporary position, please indicate period of employment: \_\_\_\_\_

9. Disability Condition(s): (Physician diagnosis must be attached) \_\_\_\_\_

\_\_\_\_\_

10. Is disabling condition permanent?     Yes             No

11. Indicate which essential job function(s) is compromised by your condition. Attach a copy of your job description. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Auxiliary Assistance:** Describe the specific functions for which assistance is being requested, e.g., reading, note taking, interpreting, and driving. Specify cost per hour, week, term and/or year per the following sample:

*Fall 2003: Reader @ \$8.50/hr for 5 hrs/week x 17 weeks = 85 hrs x \$8.50 = \$722.50*  
*Spring 2004: Reader @ \$8.50/hr for 3 hrs/week x 17 weeks = 51 hrs x \$8.50 = \$433.50*

---



---



---

**13. Equipment:** Vendor and cost in as much detail as possible. Please list all components and prices separately including shipping costs, and attach a completed Requisition if possible. Include documentation on alternative vendor and cost.

---



---



---

**14. Cost:**

	Auxiliary Assistance	Equipment	Total
<b>Fall</b>	\$	\$	\$
<b>Spring</b>	\$	\$	\$
(if applicable) <b>Summer</b>	\$	\$	\$
<b>Total</b>	\$	\$	\$

Amount of matching funds from your Department: \$ \_\_\_\_\_

**Signature of applicant below indicates acceptance and agreement to conditions set forth in Assistive Device Program as outlined in Policy G-5.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Department head if matching funds are available*

\_\_\_\_\_  
*Date*

If you have any questions regarding the Assistive Devices Program, please call Human Resources at 278-2364.