

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**APPLICATION FORM**  
**Equipment Loan Fund for the Disabled**  
(Please Print or Type)

☞ Read the instructions on the reverse side of this form. Failure to complete required sections may result in rejection of the application.

**SECTION I-A**

1. Section I-A must be completed by the individual who will be financially responsible for the loan and who is, therefore, the loan applicant. Please check the appropriate box below signifying that the loan applicant is the:

A  Disabled person    B  Parent    C  Spouse    D  Legal Guardian    E  Individual who resides with disabled person  
 F  Other (specify)

2. Last Name	3. First Name	4. M.I.	5. Date of Birth	6. Social Security Number
7. Street Address		8. Phone Number (    )	9 Sex <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F	10. Total Household Annual Income (Gross) \$
11. City	12. County	13. State		14. Zip Code
15. Personal Reference information (name, address, phone number)				16. Relationship

**SECTION I-B**

Section I-B must be completed if box B, C, D, E or F was checked in Section I-A above. If so, please enter descriptive information about the disabled person below. If box A was checked in Section I-A above, leave this section blank.

17. Last Name	18. First Name	19. M.I.	20. Date of Birth	21. Social Security Number
22. Street Address		23. Sex <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F	24. Disabled Person Annual Income: (Gross) \$	
25. City	26. County	27. State	28 Zip Code	

**SECTION II**

29. Type and description of disability:

30. Description of barrier to be overcome:

31. How will the proposed purchase assist in overcoming this barrier?

**SECTION III**  
**Completed by Equipment Vendor**

32. Vendor's Description/Quote (Please Print or Type)		
Brand Name	Model Number	Cost (incl. Tax) \$
Type of Equipment		
33. Vendor Name		34. Street Address
35. City	36. State	37. Zip Code
39. Vendor Signature		38. Phone Number (    )
		40. Date

**SECTION IV**  
**Completed by Physician**

41. Physician Certification (Please Print or Type)

I certify that \_\_\_\_\_ has a disability as defined in Section 292, New York State Executive Law (see Section IV on reverse side).

42. Diagnosis, description of disability, and functional limitations: \_\_\_\_\_

43. How will proposed purchase assist patient: \_\_\_\_\_

44. Physician Name		45. License Number		
46. Street Address	47. City	48. State	49. Zip Code	50. Phone Number (    )
51. Physician Signature			52. Date	

**SECTION V**

53. Loan Amount (Note: The loan amount requested should not be less than \$500 nor more than \$4,000. See Section V on reverse side.)  
 Loan Amount Requested \$

**SECTION VI**

54. Loan Applicant Certification:  
 I certify under penalty of perjury under the laws of the United States of America and the State of New York that the information included on this application is true and correct to the best of my knowledge, that I have attempted to obtain the described equipment through other sources of assistance, and that the disabled person identified above is not eligible for nor can obtain such assistance. I authorize you to discuss my application with treating sources and vendors of the equipment I am requesting, if necessary, and to use the information to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the program. **The New York State Office of Children and Family Services has the right to request verification of the inability of the applicant to obtain funding from any other source.**

55. Loan Applicant Signature	56. Date
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It is preferred that the application form be submitted to [ocfs.sm.ELF@ocfs.ny.gov](mailto:ocfs.sm.ELF@ocfs.ny.gov).

If unable, mail the application form to:  
**Equipment Loan Fund for the Disabled**  
**OCFS/NYSCB**  
**52 Washington Street, Room 201 South Bldg.**  
**Rensselaer, NY 12144**

**For OCFS Use Only**

Date Received:  
 Date Approved:  
 Date Rejected:

## OVERVIEW

### Introduction

The Equipment Loan Fund for the Disabled is a program that offers low interest loans for the purchase of essential adaptive equipment. Loan requests may be for an amount ranging from \$500 to \$4,000. The Fund was created to help eligible disabled New York State residents obtain essential adaptive equipment they could not afford otherwise. Loans are available either directly to the disabled person or to the disabled person's parent, spouse, legal guardian, individual with whom such disabled person resides, or other.

Essential adaptive equipment is defined as equipment that assists the disabled person to overcome barriers associated with the disability in daily living or vocational functioning following rehabilitation. Examples of equipment in this category: prostheses, ramps, wheelchairs, wheelchair van lifts, telecommunication devices for the deaf and hearing impaired, and devices that allow persons who are blind or visually handicapped to discern printed material. (This is not an all-inclusive list and other types of equipment may qualify under this program.)

A disabled person is a person who has been certified as disabled by a New York State licensed physician.

**NOTE: THOSE APPLICATIONS WHICH FAIL TO PROVIDE SUFFICIENT INFORMATION TO DETERMINE THE APPLICANT'S ELIGIBILITY OR WHICH SHOW THE APPLICANT TO BE INELIGIBLE WILL BE RETURNED TO THE APPLICANT BY THE LOAN ADMINISTRATOR WITH AN EXPLANATION OF THE REASON THEY FAILED TO BE ACCEPTED.**

### Instructions by Section

1. Section I-A must be completed by the individual who will be financially responsible for the monthly remittance of the loan. This individual may be the disabled person or the disabled person's parent, spouse, legal guardian, individual with whom such disabled person resides, or other (please specify relationship).  
**Note:** If the disabled person is under the age of eighteen, a parent or legal guardian must complete and sign the loan application and is therefore the loan applicant.
2. Section I-B must be completed with information about the disabled person if they are not the loan applicant identified in Section I-A. If the disabled person is the loan applicant, this section can be left blank.
3. Section II must be completed by the loan applicant and a detailed answer must be provided for each question. If additional space is needed, please attach a separate sheet.
4. Section III must be completed and signed by the equipment vendor who will be providing the equipment to the loan applicant. The vendor should be a firm or corporation conducting business in New York State. The vendor may include additional documents with the application submission.
5. Section IV must be completed and signed by a physician licensed to practice in New York State certifying the person's disability. Under Section 292 of the New York State Executive Law, the term "disability" means a physical, mental, or medical impairment resulting from anatomical, physiological, or neurological conditions which prevent the exercise of a normal bodily function, and which may be demonstrated by medically accepted clinical or laboratory diagnostic techniques.
6. Section V must be completed by the loan applicant. Loan disbursements may be for dollar amounts ranging from a minimum amount of \$500 to a maximum amount of \$4,000.
7. Section VI must be signed and dated by the loan applicant. The loan applicant's certification includes an affirmation that they have attempted to obtain the described equipment through other sources of assistance. Such sources of assistance include but are not limited to other sources of credit, Federal and State programs of public assistance and vocational rehabilitation, and private assistance programs.

**A copy of a valid government-issued photo ID for the loan applicant and for the disabled person is required with the application submission.**

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