



Application for Assistive Technology Funding: Letter of Support

Obtain a Letter of Support from a physician, therapist, psychologist, rehabilitation engineer, assistive technology professional, or teacher that indicates the equipment requested is consistent with the goals and abilities.

Name of individual requiring assistive technology

Equipment requested

Please describe the benefit to the child/patient of the proposed equipment:

Your company/business information:

Signed

Title

Date

Send the completed form to imartikainen@unitedcerebralpalsyhawaii.org or mail to: Irina Martikainen | United Cerebral Palsy Association of Hawai'i | 414 Kuwili Street, Ste 105 | Honolulu, HI 96817