



NEW MEXICO  
DIVISION OF  
VOCATIONAL  
REHABILITATION

Public Education Department



## Equipment Application

Date:

Name:

DOB:

Address:

City:

State:

Zip:

Phone #: Home:

Work:

E Mail:

Disability:

Equipment you are requesting:

How long do you need it?

(Please note: loans are for 90 days (3 months) however can be extended if needed)

I understand that the information will only be used for my participation with the Disability Navigator program and that this information may be reviewed by Disability Navigator staff and contractors who provide services to the program. The records will be kept confidential and will not be released to any other individual or agency without my fully expressed and written permission. This release is good for one year.

**What do you need the equipment for (please check all that apply)?**

Education

Employment

Community Living

IT/Telecommunications

Signature

(Self, Parent, or Legal Guardian)