

PERSONAL INFORMATION EXHIBIT

Name

Street Address

City, State, Zip

Phone

Date of Birth

PLEASE STATE YOUR PHYSICAL DISABILITY WITH DETAIL:

PLEASE STATE WHAT YOU HOPE SILENT ABILITY CAN DO TO HELP YOU:

PLEASE TELL US IF YOU HAVE THE ABILITY TO PAY FOR THE EQUIPMENT OR IF YOU ARE REQUESTING FINANCIAL HELP DUE TO A HARDSHIP AND WHY:
