

# CALIFORNIA ASSISTIVE TECHNOLOGY EXCHANGE (CATE)

## Loan Guarantee Program For Assistive Technology or Transportation

The Department of Rehabilitation (DOR) and California Assistive Technology Exchange (CATE) administers guaranteed loans for transportation and assistive technology through the Rehabilitation Revolving Loan Guarantee Fund.

The Guaranteed Loan Program provides funds to guarantee loans made by eligible lenders to eligible Californians for the purchase of vans, automobiles, and other special equipment to facilitate transportation of persons with physical disabilities. Loans are also available to assist Californians with disabilities, regardless of age, and private employers to purchase durable equipment, adaptive aids, and assistive devices for persons with disabilities to live more independently or to engage in employment. Loan guarantees shall be no less than \$1,000.00 and shall not exceed \$50,000.00 to any eligible person or employer.

Eligibility is based on either of the following criteria being met, provided that the household income does not exceed the level prescribed for moderate-income families by the Department of Housing and Community Development pursuant to Section 50093 of the Health and Safety Code, and that the applicant is able to show their ability to repay the loan.

Qualified applicants include:

- (1) Parents of a child with a disability, who are living in the home, and who require a modified vehicle for mobility or assistive technology to live more independently, as certified by a physician or the Department of Rehabilitation. The guardians of children with disabilities qualify only for the Transportation Loan Guarantee Program and not the Assistive Technology Loan Guarantee Program.
  
- (2) Adults with disabilities who require a modified vehicle for mobility, or assistive technology, to work or live independently, as certified by a physician or the Department of Rehabilitation.

All loans are 100 percent guaranteed by the DOR. For more information, please contact CATE at 818-677-2510 or via email at [cate@csun.edu](mailto:cate@csun.edu).

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## Loan Application Checklist

In order for the application to be processed in a thorough and timely manner, please make sure that all of the following information is included with the application packet:

Date application received (CATE use only): \_\_\_\_\_

Name of person for whom the loan is for: \_\_\_\_\_  
First Name Middle Name Last Name

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of person accepting application: \_\_\_\_\_  
First Name Middle Name Last Name

1. Applicant for loan guarantee is:
  - A. An adult with a disability as specified in #2 below;
  - B. A parent or guardian of a child with a disability (Note: The guardian of a child with a disability may only apply for the Transportation Loan Guarantee Program and not the Assistive Technology Loan Guarantee Program.); or
  - C. An employer of a person with a disability (This applies only to the Assistive Technology Loan Guarantee Program and not the Transportation Loan Guarantee Program.)
2. Verification that the person for whom the loan is for ("the beneficiary") has a physical or mental disability or medical condition that limits a major life activity.

Verification of the beneficiary's disabling condition shall include:

- A. A licensed physician's certification of the qualifying physical or mental disability or medical condition, including a description of the resulting functional limitations that require the specific type of equipment, aid or device that will be required by the individual to engage in employment or live more independently.

Or

- B. A written description from a professional knowledgeable in the field, such as an independent living specialist, rehabilitation engineer, or a private rehabilitation counselor of both *i* and *ii*:
  - i. The individual's functional capacities; and
  - ii. The specific type of equipment, aid or device that will be required based upon the individual's functional capacities in order for the individual to engage in employment or live more independently.



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## Loan Applicant Information

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Applicant Name: \_\_\_\_\_  
First Name Middle Name Last Name

Applicant is:

- An adult with a disability
- A parent of a child with a disability
- A guardian of a child with a disability (For Transportation Loan Guarantee Program only.)
- An employer of an adult with a disability (For Assistive Technology Loan Guarantee Program only.)

Address: \_\_\_\_\_  
Street Number Street Name Apt No.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number of the beneficiary of the loan: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number of the applicant, if different from the beneficiary:

Applicant's Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

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## General Information

1. Name of person for whom the loan will benefit (beneficiary):

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First Name	Middle Name	Last Name
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2. The beneficiary of this loan request is a person with verification of a qualified physical or mental disability or medical condition that limits a major life activity. Yes  No

Please make sure to attach verification from a qualified professional as noted in number 2 (A) and 2 (B) of the checklist.

3. Please provide proof that the applicant has had steady employment and/or other source of income for a minimum of one year prior to the date of the loan request.
4. Please provide documentation of the current monthly household income and expenses. If you are an employer of an adult with a disability applying for the Assistive Technology Loan Guarantee Program, please include monthly overhead costs of your business operations, including insurance premiums and/or employee benefits.

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## Transportation Loan Guarantee

1. Please attach either:

a. A physician's certification, including a description and prognosis of the beneficiary's disabling condition, that the employed adult or child requires a modified vehicle for mobility:

OR

b. A written description from a professional knowledgeable in the field, such as an independent living specialist, rehabilitation engineer, or a private rehabilitation counselor of both

- The beneficiary's functional capacities; and
- The type of vehicle and the modifications that will be necessary to the vehicle.

c. Name of physician or rehabilitation specialist:

\_\_\_\_\_

First Name	Middle Name	Last Name
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d. Phone number of the physician or rehabilitation specialist:

( ) \_\_\_\_\_

2. For children with a disability:

a. Is the applicant a parent or guardian (select one)? \_\_\_\_\_

b. Does the child live at home with the parent or guardian? \_\_\_\_\_

3. Please provide an estimate of the number of miles per month that the applicant anticipates the vehicle will be driven and proof of auto insurance:

a. This vehicle will be driven approximately \_\_\_\_\_ miles per month.

b. Insurance provided by \_\_\_\_\_

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4. Please provide the actual or estimated amount of the loan (To be between \$1,000 and \$50,000): \$ \_\_\_\_\_

(The minimum loan is \$1,000. The limit of the amount of the loan is lesser of \$50,000 or the actual cost of the vehicle and other special equipments to safely transport or be driven by the child or the employed person with a disability, vehicle insurance at the minimum level required by State law, any cost incurred as a direct result of the application process, and the cost of operating and maintaining the vehicle. The cost of operating and maintaining the vehicle is determined by multiplying the estimated monthly mileage by \$.15 per mile for vehicles other than vans and \$.20 per mile for vans. If vehicle insurance is not included in the approved loan request, the costs of such insurance at the minimum level required by State law shall be prorated monthly and added to this amount. For vehicle modifications, the amount is that specified by the entity from which the item(s) will be purchased.)

# CALIFORNIA ASSISTIVE TECHNOLOGY EXCHANGE (CATE)

## Assistive Technology

1. Please attach either:

- a. A physician's certification, including a description and prognosis of the beneficiary's disabling condition, that the beneficiary requires the specified equipment, aid or device in order to engage in employment or to live more independently,

OR

- b. A written description from a professional knowledgeable in the field, such as an independent living specialist, rehabilitation engineer, or a private rehabilitation counselor of both:
- The beneficiary's functional capacities, and
  - The specific type of equipment, aid or device that will be required based upon the beneficiary's functional capacities in order for the individual to engage in employment or live more independently.

2. Please provide the actual or estimated amount of the loan: \$ \_\_\_\_\_

(The minimum loan is \$1,000. The limit of the amount of the loan is lesser of \$50,000 or the actual total costs of the item(s) to be purchased plus any cost incurred as a direct result of the application process, and the cost of operating and maintaining the item(s). The cost of operating and maintaining the item(s) is the amount specified by the entity from which the item(s) will be purchased.)

# CALIFORNIA ASSISTIVE TECHNOLOGY EXCHANGE (CATE)

## Device Information

Please provide the equipment device(s) for which you are requesting a loan, including the name and address of the supplier. Also record the information for each provider/vendor. When purchasing a van or vehicle, you must include an invoice that shows the make, model, year, vehicle identification number, mileage and total cost of the vehicle. The total cost should include any modifications made by the dealer, including tax, shipping and handling. Any modifications made by a different source should be listed separately below. Loan will not be made in excess of \$50,000.00.

\*Example: A 1998 Mini-Van

### A. Equipment/Supplier (Vehicle related)

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
                    **Street Number**                                    **Street Name**                                    **Apt No.**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Device/Service (Be specific.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loan Amount Requested: \$ \_\_\_\_\_



# CALIFORNIA ASSISTIVE TECHNOLOGY EXCHANGE (CATE)

## Consent to Release Information

**1. RELEASE OF INFORMATION TO AMERICAN RIVER BANK:**

I hereby authorize the **Department of Rehabilitation (DOR)** and **California Assistive Technology Exchange (CATE)** to release information (except medical and psychological) to **American River Bank**, its successors or assigns, for the purpose of assisting me in applying for and acquiring a loan through the Department of Rehabilitation's Loan Guarantee Program. I understand that only information necessary to assist me in obtaining a loan will be released. This consent applies until such time as my loan application is denied, my loan obligation is fulfilled, or I specifically withdraw my consent.

**2. RELEASE OF INFORMATION TO DOR AND CATE:**

I hereby authorize American River Bank, its successors or assigns, to release information to the Department of Rehabilitation's Loan Guarantee Program Representative for the purpose of applying, acquiring, and/or maintaining a loan for assistive technology or transportation needs. I understand that only information necessary to assist me in obtaining, maintaining, and fulfilling the obligations of the loan will be released. This consent applies until such time as my loan application is denied, my loan obligation is fulfilled, or I specifically withdraw my consent.

<b>Applicant's Signature</b>	<b>Date</b>	<b>Parent/Guardian's Signature (required for minor)</b>	
<b>TO BE COMPLETED BY CATE AND ARB REPRESENTATIVES</b>			
<b>CATE Rep's Signature</b>	<b>Date</b>	<b>CATE Rep's Name (Printed)</b>	<b>CATE Rep's Phone No</b>
<b>ARB Rep's Signature</b>	<b>Date</b>	<b>ARB Rep's Name (Printed)</b>	<b>ARB Rep's Phone No</b>





# CALIFORNIA ASSISTIVE TECHNOLOGY EXCHANGE (CATE)

## Survey Form

**Optional** (Completion of this Section is Voluntary. This information is collected for statistical reporting purposes only and will **NOT** be individually identified. Completion of this section is not necessary for consideration of the application.)

### How did you find out about this program?

- Advertising (e.g. TV, radio, newspaper)
- Information received in the mail
- Information received from the World Wide Web/Internet
- Referral from a friend
- Referral from a professional (e.g. OT, PT, doctor, case manager)
- Referral from a disability-related agency. Please describe: \_\_\_\_\_
- Referral from a state technology program
- Referral from an equipment vendor, supplier or dealer
- Referral from a bank, credit union or lending institution
- Other. Please describe: \_\_\_\_\_
- Don't Know
- No Response

Gender:            Male                    Female

Primary Language: \_\_\_\_\_

### Ethnic Origin:

- 1 Asian – Person of Japanese, Chinese, Korean, Vietnamese, Asian Indian, Thai or similar descent other than Pacific Islander or Filipino.
- 2 Black (Not Hispanic) – Person of Black African descent.
- 3 Filipino – Person of Filipino descent.
- 4 Hispanic – Person of Mexican, Puerto Rican, Cuban, South or Central American or other Spanish descent.
- 5 Native American – Person of American Indian, Eskimo, or persons of origins in any of the original peoples of North America.
- 6 Pacific Islander – Person of Hawaiian, Samoan, Guamanian, Polynesian, Fiji or Tahitian descent.
- 7 White (Not Hispanic) – Person of European, North African or Middle Eastern descent.
- 8 Other. Please specify: \_\_\_\_\_

# CALIFORNIA ASSISTIVE TECHNOLOGY EXCHANGE (CATE)

APPLICATION STATUS (To be completed by CATE)		
Application Accepted by:	Date:	CATE Rep's Name (Printed):
Referred to Lender by:	Date:	CATE Rep's Name (Printed):
Application Denied by:	Date:	CATE Rep's Name (Printed):
Application Approved by:	Date:	CATE Rep's Name (Printed):