

Appendix

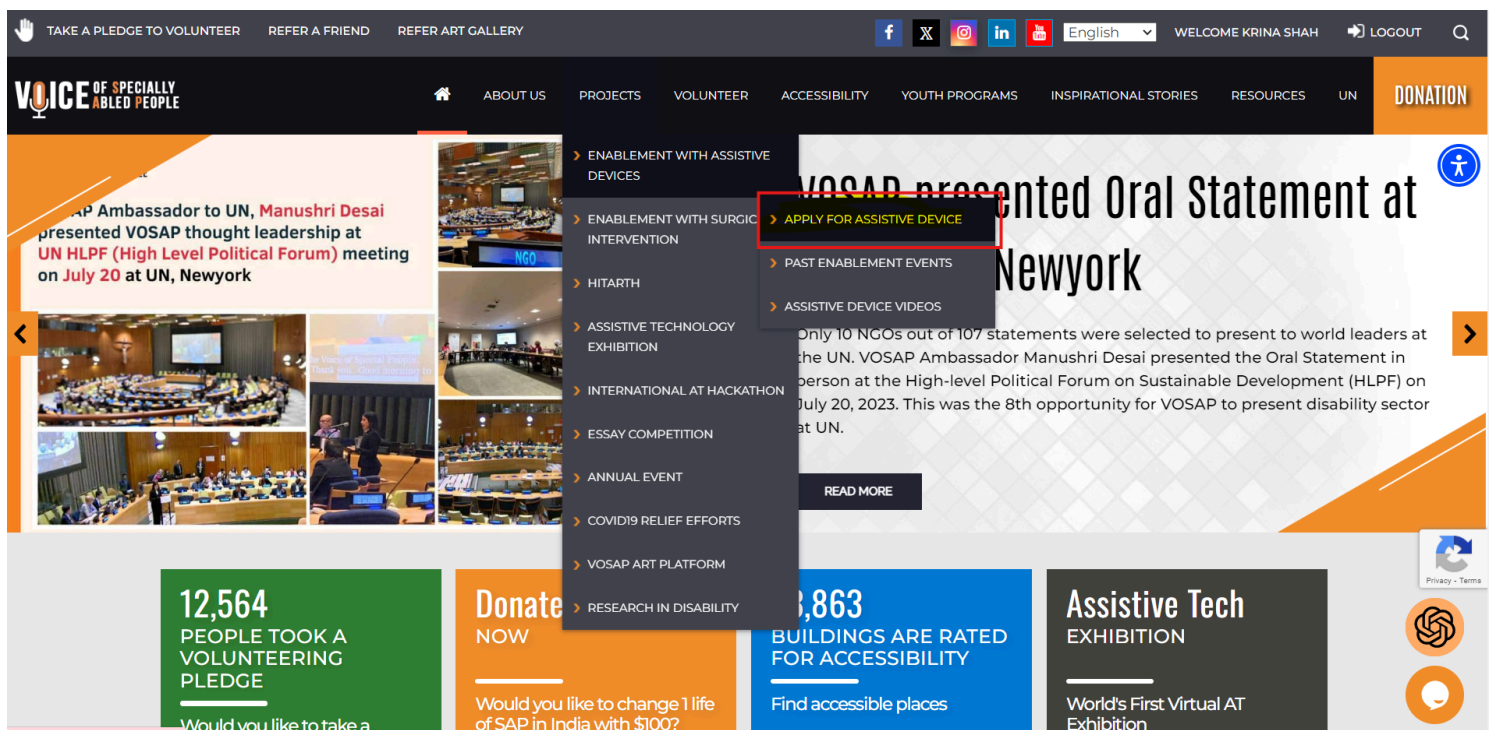
Fill out these two documents and send them to us via email, along with the required documents listed on the website, to ensure you complete the application process.

1. [Reference Letter](#)
2. [Self Declaration Letter](#)

How to Apply for Assistive Devices?


User Guide

1. First, visit our website: www.voiceofsap.org
2. Once you reach the website, go to the "Programs" section. Click on the "Assistive Devices & Accessibility" tab, and then click on **"Apply for Assistive Devices"** – [Apply Here](#)



The screenshot shows the VOSAP website interface. The top navigation bar includes links like 'TAKE A PLEDGE TO VOLUNTEER', 'REFER A FRIEND', and 'REFER ART GALLERY'. The main navigation menu has tabs for 'ABOUT US', 'PROJECTS', 'VOLUNTEER', 'ACCESSIBILITY', 'YOUTH PROGRAMS', 'INSPIRATIONAL STORIES', 'RESOURCES', and 'UN'. The 'ACCESSIBILITY' tab is selected, and a dropdown menu is open, highlighting the 'APPLY FOR ASSISTIVE DEVICE' option. The main content area features a large banner for 'VOSAP presented Oral Statement at New York' and a sidebar with various program categories like 'ENABLEMENT WITH ASSISTIVE DEVICES', 'ENABLEMENT WITH SURGICAL INTERVENTION', 'HITARTH', 'ASSISTIVE TECHNOLOGY EXHIBITION', 'INTERNATIONAL AT HACKATHON', 'ESSAY COMPETITION', 'ANNUAL EVENT', 'COVID19 RELIEF EFFORTS', 'VOSAP ART PLATFORM', and 'RESEARCH IN DISABILITY'. The footer displays statistics: '12,564 PEOPLE TOOK A VOLUNTEERING PLEDGE', '8,863 BUILDINGS ARE RATED FOR ACCESSIBILITY', and 'Assistive Tech EXHIBITION'.

3. After this, you will land on a page where you need to enter your **Name** and **Email Address**.

ABOUT USPROJECTSVOLUNTEERACCESSIBILITYYOUTH PROGRAMSINSPIRATIONAL STORIESRESOURCESUN

APPLICATION FOR ASSISTIVE DEVICE / SELF EMPLOYMENT KIT

Welcome to Voice of SAP to request for the grant of assistive devices and/or self employment kit to help you live a better life with dignity. Please enter your name and email here, we will send you an email to verify the email ID along with a link to come back here and finish your application.

[Help Doc in Hindi](#)

[Help Doc in English](#)

Full Name (required)

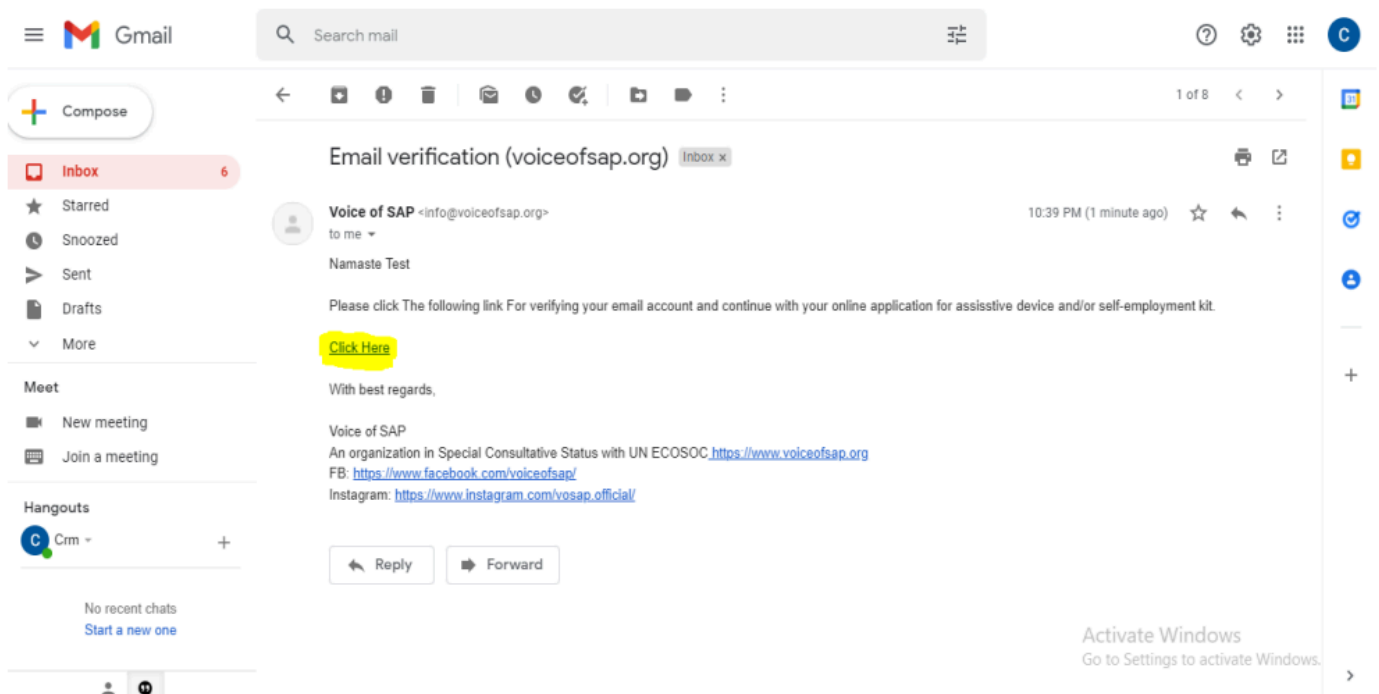
Krina Shah

E-mail (required)

marketingspam0136@gmail.com

SUBMIT

If you are a new user, you will receive an email for verification. You need to click on the link in the email to verify your email address. Otherwise, you will be directly redirected to the assistive device application form page.



4. Now, fill in your information such as **Name, Email, Phone Number, Date of Birth, Type of Disability, Disability Limitations, Partner Organization, and Residential Information.**

Full Name (required)

Krina Shah

E-mail (required)

marketingspam0136@gmail.com

Phone(WhatsApp number if possible) (required)

9843983475

Birth Date (required)

03/26/2003



Disability Type (required)

Hearing Impaired



Explain how Disability Limits your Functioning (required)

I cant hear fully

Guardian/Representative/Organization Name

Partner Organization (required)

Kalyanam Karoti Mathura



Country (required)

India



State (required)

Karnataka



City (required)

Badagavettu



District

Haveri



5. Next, select the **Assistive Device** you need. Provide either your **UDID, Voter ID, or PAN Card number**, and indicate whether you have received an assistive device before (Yes/No).

Select Assistive Device/Service: (Information on Subsidy Here)

100 % Subsidized

- ☐ Wheelchair
- ☐ Smart Phone
- ☐ Handicare
- ☐ Smarton Smartglasses App
- ☐ Saarthi Smartcane (Age 16- 35)
- ☐ Digital Hearing Aid

Heavily Subsidized

- ☐ Tricycle☐ Flexmo Premium Elbow Crutch☐ Flexmo silent walker☐ CP Walker☐ Mouseware (Wearable head device)☐ Sahayatha 200☐ Jyoti AI Glasses☐ Orbit Reader Q20
- ☐ Beauty Parlour Kit☐ CiCare☐ Smarton Smartglasses (Age 14 and above)☐ Kibo App (1 Year Subscription)☐ Kibo XS Device with Perpetual License☒ Vision Wallet☐ Callipers / Braces☐ Orbit Reader 40
- ☐ Daisy Player☐ Flexmo Premium Underarm Crutch☐ Signable- ISL Interpreter Service (Any age)☐ Kibo App (3 Year Subscription)☐ Kibo XS Device with Annual License☐ Sahayatha 100☐ Orbit Braille Reader(Any age 20 Cell)☐ Orbit Reader 20 Plus☐ Orbit Reader Q40

Heavily Subsidized (Prosthetic / Orthotics)

- ☐ AK Prostheses☐ Cervical Collar☐ Knee Cap with Hinge☐ Molded ACL Caliper without shoes
- ☐ BK Prostheses☐ Dennis Brown Splint☐ O. A. Brace☐ Molded ACL Caliper with shoes
- ☐ Air Splint☐ Knee Cap☐ L.S. Belt☐ Walking Stick

Partially Subsidized

- ☐ Neofly (customized wheelchair)☐ VGO Wheelchair Attachment
- ☐ Combo (Neofly+Neobolt)
- ☐ Electric Tricycle

Govt ID Number (UDID/Pan Card/Voter ID Card) (required)

Pan Card

▼

Pan Card Number (required)

AHDB32385A

Please enter valid pancard number

Did you receive any Assistive Devices in past? (required)

- ☐ Yes
- ☒ No

6. Now, enter your **Family Information**. The **Delivery Center** and its **Address** will be automatically generated based on the partner organization selected in Step 4.

Primary Use of Assistive Device (required)

Education

▼

Explain the Usage Purpose in Detail (required)

I need the device for my educational purposes

Tell us about you and your family? (required)

I live with 3 members, my parents and my brother

Family income per year (required)

Rs 1.5 LAC To Rs 3 LAC

▼

Delivery Center (required)

Kalyanam Karoti Mathura

▼

Delivery Address

Kalyanam Karoti Mathura, Kalyan Dham, Masani Delhi Link Road,

7. Finally, upload all the required documents.

- Each document must be **less than 1.5 MB** and should be in one of the following formats: **JPG/PNG/PDF/DOC**.
- Upload the following documents:
 - **Income Certificate**
 - **Full Picture of the Beneficiary**
 - **UDID/Medical Certificate**
 - **Government-issued ID (Birth Certificate/Voter ID/Aadhaar Card)**
- Add your **Address** in the last box.

Audiogram Report Document Attachment (Options for this attachment will change base on the device you select):

- **Provide an Education Certificate OR**
- **Attach an Experience Letter** for a Sewing Machine or Beauty Parlor Kit.
- **For Smart Glasses**, provide a **Mark Sheet**.
- **For Digital Hearing Aid**, attach an **Audiologist Report**.

The maximum size per document accepted is 1.5 mb. The document should be in the form of JPG/PNG/PDF/DOC

Attach UDID/Medical Certificate (required)

 No file chosen

Upload Government Issued ID (Birth Certificate/Voter ID/ Aadhaar) (required)

 No file chosen

Attach Income Certificate (required)

 No file chosen

Attach Reference letter of community leader (required)

 No file chosen

Self Declaration

 No file chosen

Audiogram Report (required)

 No file chosen

Full Picture of the beneficiary (required)

 No file chosen

8. Click on "I confirm that all the information is correct", and then click on "Submit".

☐ I confirm that information submitted is accurate.

SUBMIT

