

Senior Equipment and Training Project Purchase Request

Date of Request:		DOB:	PID:
First Name:		Requester:	DBS CRP
Last Name:			
Address:			
City:		County:	Zip code:
Phone Number:		Email address:	
Are you a U.S. Citizen?		Other:	

Item(s) requested:

Category (Check all that apply)	Type of Product (Specification and Price)
<input type="checkbox"/> CCTV	
<input type="checkbox"/> Computer	
<input type="checkbox"/> Low Vision Aid	
<input type="checkbox"/> Vispero License Renewal	
<input type="checkbox"/> Other:	

Training Needs	Will this individual require training for the use of this device?
	Where will the individual receive training?
	When will the individual receive training?

Justification for Request:

Vendor:

Total Minus Shipping:	Shipping:
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Requester's Name:	District:
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DO NOT WRITE BELOW THIS LINE

Request Approval	Approver's Name:	Approval Date:
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Senior Equipment and Training Project Request Form and Instructions.

Revised 8/2023

Please read the instructions carefully. If you have questions or concerns, please send an e-mail to SET@dbs.fl DOE.org.

Instructions:

This form must be completed in its entirety.

Date of Request- Date form is being completed.

DOB- Date of Birth of older individual who is blind.

PID- Participant Identification Number in Aware Case Management System.

First Name- Name of older individual who is blind.

Last Name- Last name of older individual who is blind.

Address, City, County, and Zip Code- Street address for the older individual who is blind. Be sure to include apartment, unit, lot, or parcel information. This address may be used for shipping purposes.

Phone number- Contact number for the older individual who is blind.

Email address- E-mail address for the older individual who is blind.

Items Requested and Training Needs- Select the technology category, enter specification criteria and price for the item and select to answer questions regarding training needs.

Justification for request- Enter a brief narrative to support the need for the item(s) being requested. Include how, what, and why the item(s) requested will be of benefit

Vendor- Enter the name of the equipment seller or retailer. This entity will be where the items will be purchased.

Total Minus Shipping and Shipping- Enter the total cost minus shipping. Enter shipping.

Requester Name- Enter the name of the person making the request, whether DBS or CRP representative.

District- Enter the Division of Blind Services (DBS) district office that corresponds to this request.

Completed forms must be emailed to: SET@DBS.FLDOE.ORG. Additional information or supportive documentation may be provided in the email but is not required for review.