



TURTLE GRANT

www.deltazetauga.org/

Personal Information of Responsible Party:

Name: _____ Hearing Impairment? yes no
 Email Address: _____ Phone Number: _____
 Home Address: _____

Best Mode of Communication: phone email mail TTY

Employment: _____

Income bracket:

under \$25,000 \$25,000-\$50,000 \$50,000-\$75,000 \$75,000-\$100,000 over \$100,000

Do you receive Social Security aid? yes no

Do you receive Medicaid? yes no

Personal Information of Grant Recipient:

Name: _____ Age: _____

Gender: _____ School/Employment: _____

Preferred Mode of Communication (check all that apply):

	ASL	Speech	Total Communication	Signed English
Use Hearing Aids?		yes	no	
Have a Cochlear Implant?		yes	no	

Type of need (check those that apply):

Interpreter Fees Medical School Extracurricular Activities Other

Description of need and estimated cost:

Desired person or organization to provide the service or goods:

Name: _____ Phone Number: _____

Address: _____
