



## **Appendix**

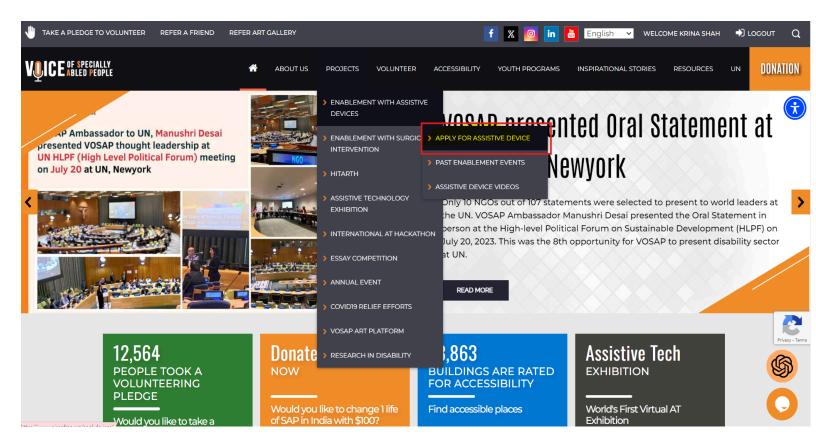
Fill out these two documents and send them to us via email, along with the required documents listed on the website, to ensure you complete the application process.

- 1. Reference Letter
- 2. Self Declaration Letter

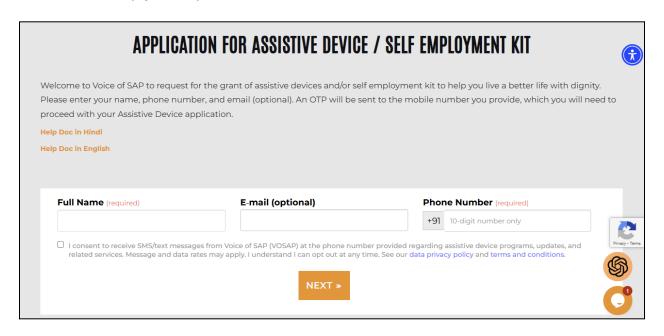
## **How to Apply for Assistive Devices?**

## **User Guide**

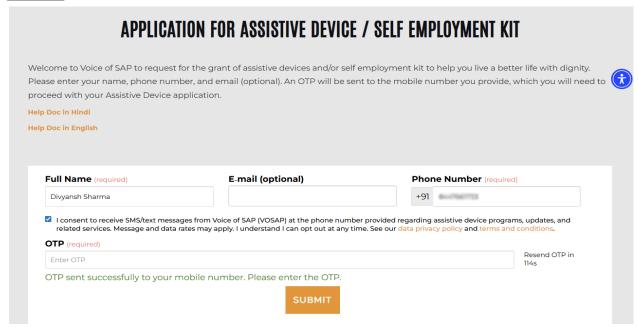
- 1. First, visit our website: www.voiceofsap.org
- Once you reach the website, go to the "Programs" section. Click on the "Assistive Devices & Accessibility" tab, and then click on "Apply for Assistive Devices" – Apply Here



 After this, you will land on a page where you need to enter your Name, Email Address(optional) and Phone number



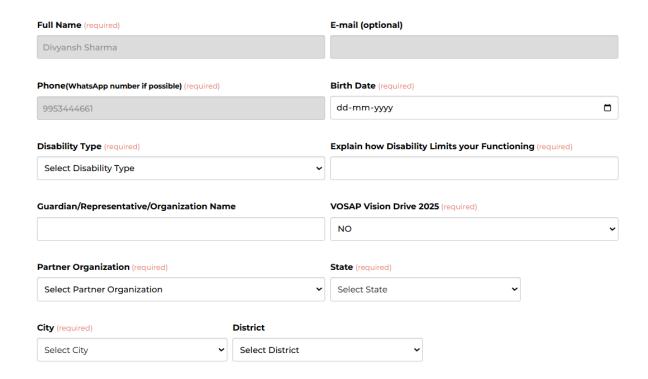
If you are a new user, you will receive a One-Time Passcode (OTP) on your phone number for verification. Please ensure you check the consent box to proceed with your application and click on "**NEXT**". If you are a returning user, you won't need to provide an OTP.



Enter the One-Time Passcode (OTP) that you have received on your phone number and click on "SUBMIT"

## PS - An OTP is required only once. After successful verification, the system will not prompt you for an OTP again

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



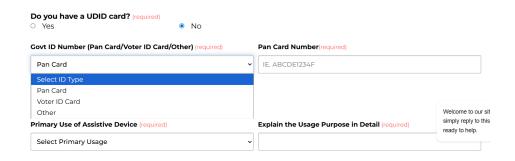
 Next, select the Assistive Device you need. Provide either your UDID, Voter ID, or PAN Card number, and indicate whether you have received an assistive device before (Yes/No).

Select Assistive Device/Service: (Information on Subsidy Here)					
	100 % Subsidized  Wheelchair  Smart Phone	0	Handicare Smarton Smartglasses App	0	Saarthi Smartcane (Age 16- 35) Digital Hearing Aid
	Heavily Subsidized  ○ Tricycle	0	Beauty Parlour Kit	0	Daisy Player
	Flexmo Premium Elbow Crutch     Flexmo silent walker	0	CiCare Smarton Smartglasses (Age 14 and above)	0	Flexmo Premium Underarm Crutch Signable- ISL Interpreter Service (Any age)
	<ul><li>CP Walker</li><li>Mouseware (Wearable head device)</li></ul>	0	Kibo App (1 Year Subscription) Kibo XS Device with Perpetual License	0 0 0	Kibo App (3 Year Subscription) Kibo XS Device with Annual License Sahayatha 100
	<ul><li>Sahayatha 200</li><li>Jyoti Al Glasses</li><li>Orbit Reader Q20</li></ul>	0	Vision Wallet Callipers / Braces Orbit Reader 40	0 0 0	Orbit Braille Reader(Any age 20 Cell) Orbit Reader 20 Plus Orbit Reader Q40
	Heavily Subsidized ( Prosthetic / Ortho  AK Prostheses  Cervical Collar  Knee Cap with Hinge  Molded ACL Caliper without shoes	otic	BK Prostheses Dennis Brown Splint O. A. Brace	0 0 0 0	Air Splint Knee Cap L.S. Belt Walking Stick
	Partially Subsidized  Neofly (customized wheelchair)  VGO Wheelchair Attachment	0	Combo (Neofly+Neobolt)	0	Electric Tricycle

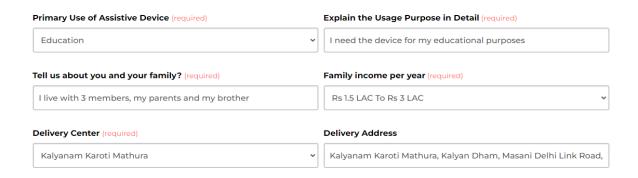
If you have UDID, click on Yes and enter the UDID number.



If UDID is not there, pls upload any of these documents.



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



- 6. 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:
    - Any Govt Id (Adhaar Card/ voter id/passport, birth certificate,) if there is no UDID
    - UDID/Medical Certificate

- Income Certificate
- Full Picture of the Beneficiary
- 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)	Upload Government Issued ID (Birth Certificate/Voter ID/ Adhaar) (required)
Choose File No file chosen	Choose File No file chosen
Attach Income Certificate(required)	Attach Reference letter of community leader (required)
Choose File No file chosen	Choose File No file chosen
Self Declaration	Audiogram Report (required)
Choose File No file chosen	Choose File No file chosen
Full Picture of the beneficiary (required)	
Choose File No file chosen	
7. Click on "I confirm that all the on "Submit"	information is correct", and then click

☐ I confirm that information submitted is accurate.

SUBMIT