

**Communicative Technology Request
For Rest Homes
Coronavirus Disease 2019 (COVID-19)**

To participate in this program, facilities must complete and sign this application. The signed application should be emailed to CMPTechOrder@mass.gov by close of business on May 11th, 2020. Please ensure this document is signed prior to submitting it. (This document may be e-signed through Adobe Acrobat)

Facility Name/Location	Type of Device (e.g., Tablet, Webcam, Accessory)	Number of Devices	Cost Per Device	Total Cost per Facility
TOTAL PROJECT COST				

Applicants shall submit this signed application to the Massachusetts Department of Public Health, Bureau of Health Care Safety and Quality to confirm need of funding for adaptive Communicative Technology. The Bureau shall review the application and will notify the facility of approval or denial. Please note that the maximum amount per facility is \$ 3,000.00. Signed applications should be emailed to CMPTechOrder@mass.gov to initiate the request.

By signing below, you are confirming that everything stated in this application is truthful, and you are aware and in compliance with the CMP applicant requirements as stated in associated email.

Name of the Applicant (print):

Date of signature:

Signature: _____