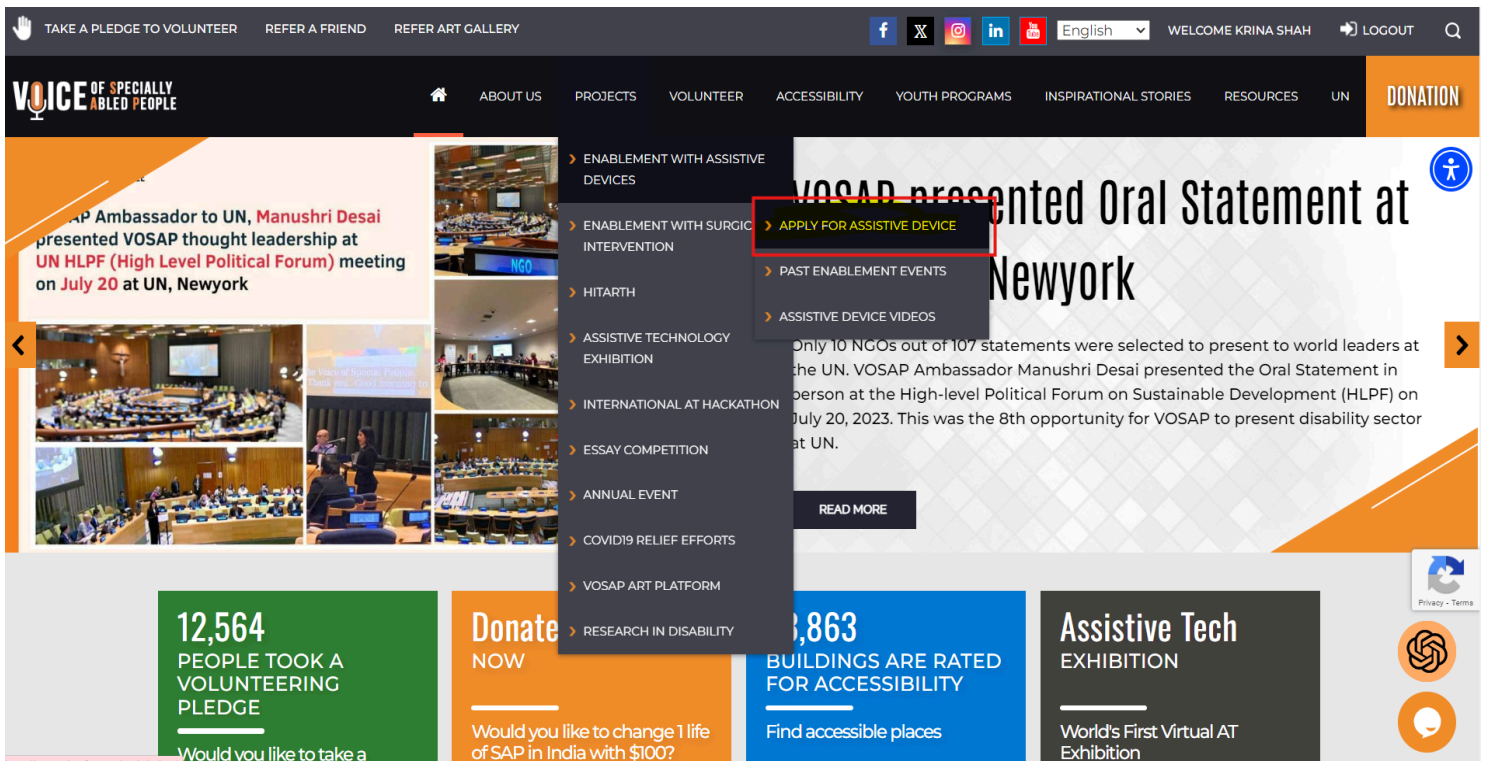


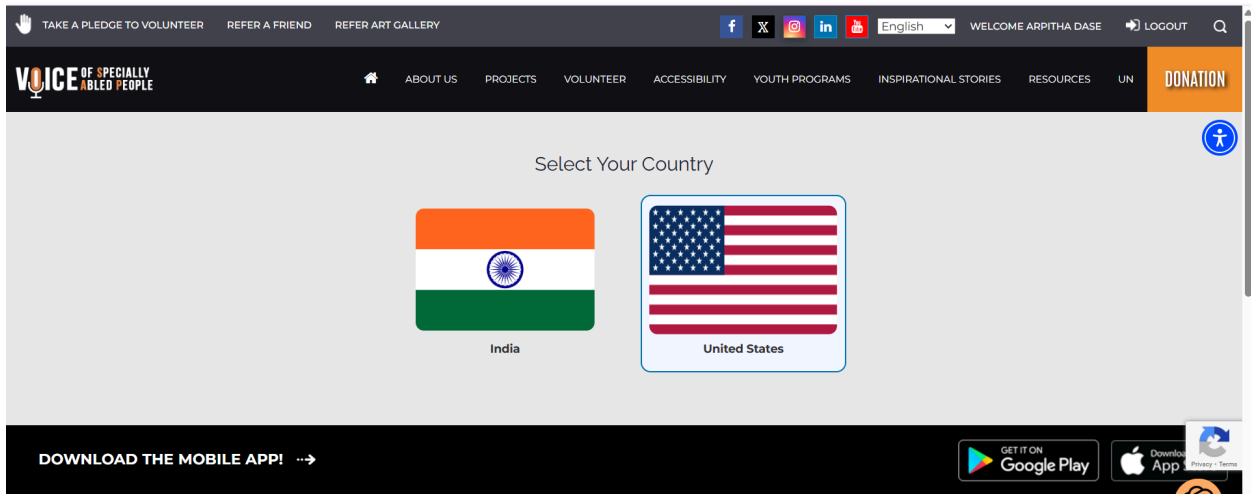
# VOICE OF SPECIALLY ABLED PEOPLE

## User Guide on How to Apply for VOSAP Subsidy

1. To apply, go to our website: [www.voiceofsap.org](http://www.voiceofsap.org)
2. On the top bar, from the several options, hover to the "Projects" section. Hover on the first option – "Enablement with Assistive device" tab, and then click on the first option "Apply for Assistive Devices" – [Apply Here](#)



3. After this, you will land on a page where you need to select the country "United States"



4. Now enter your **Name, Email , Phone number** If you are a new user, you will receive a verification link on your email id for verification. If you are a returning user, you won't need to re-verify the account, you will be able to apply directly after entering your Name, Email and Phone Number.

Note- We DO NOT send any OTPs to your Phone Number.

## VOSAP SUBSIDY APPLICATION

*VOSAP subsidy program is for blind and deaf blind people above age of 18 and whose family income is below \$75,000 per year.*

Welcome to Voice of SAP to request for the grant of assistive devices to help you live a better life with dignity.

Please enter your Full name, email address, and phone number. A verification email will be sent to your registered email address from Voice of SAP. Please verify your email to proceed with your Assistive Device application.

<b>Full Name</b> (required) <input type="text"/>	<b>Email</b> (required) <input type="text"/>	<b>Phone Number</b> (required) <input type="text" value="+1 10-digit US number"/>
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**NEXT >**

5. Upon clicking next you will see a Consent and Self-Declaration form , scroll through the agreement and ensure you check the consent box with a blue tick and click on **I Agree**

## Consent and Self-Declaration by VOSAP Beneficiary



(Please scroll through the full agreement before accepting)

8.6.4. I declare that my total household income from all sources is below USD \$75,000.00 per year. I understand that VOSAP reserves the right to request documentation of income eligibility.

8.6.5. I voluntarily, freely, and without coercion give my informed, specific, and unambiguous consent to all items I have checked above.

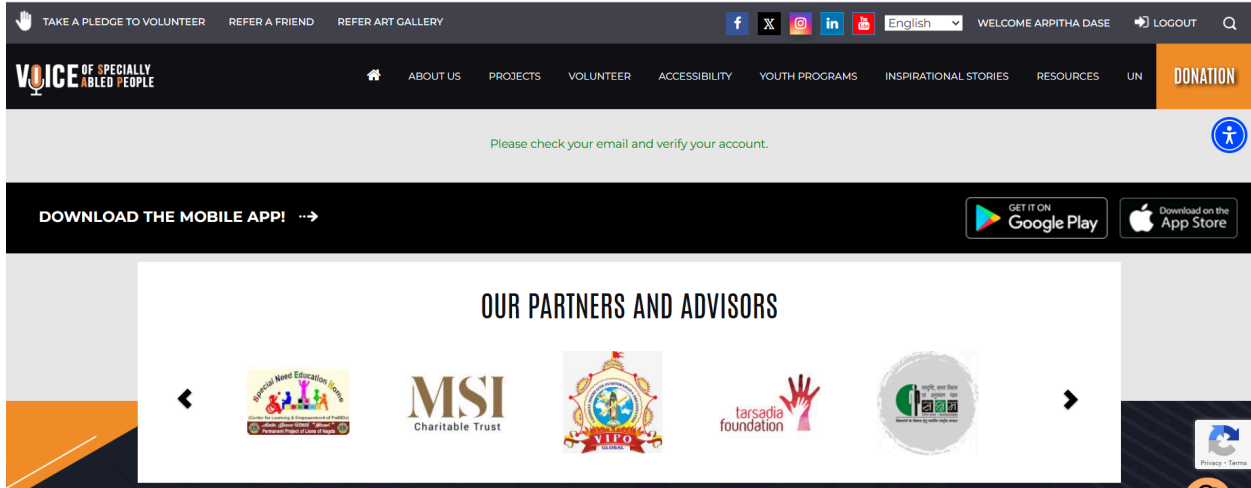
8.6.6. I understand this is a legally binding agreement under U.S. federal and California state law.

8.6.7. I understand that VOSAP is purely a subsidy facilitation mechanism, and that all product and service responsibilities lie with VOSAP's AT partner and myself.

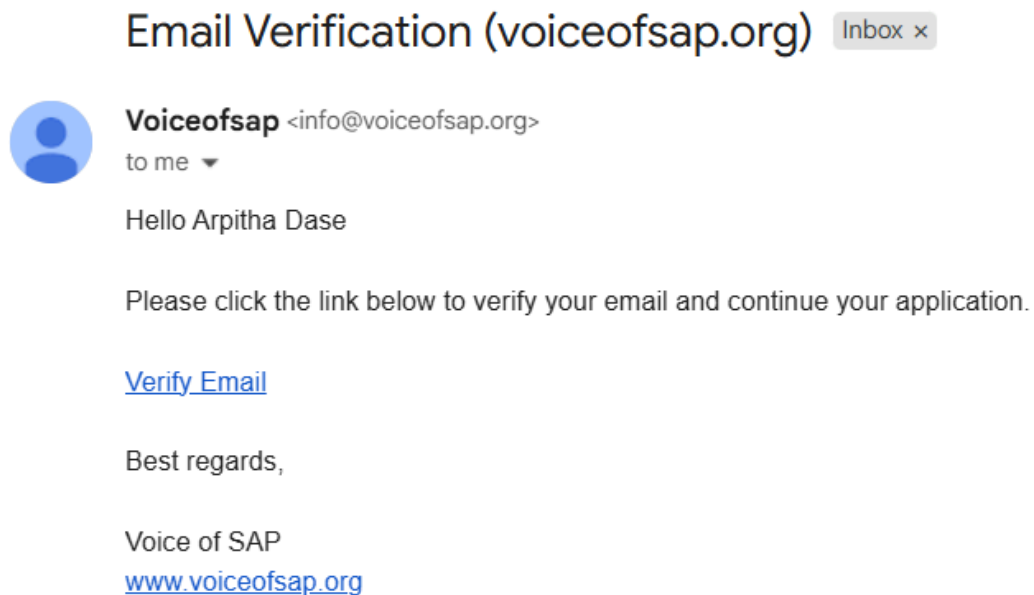
- I consent to receive SMS/text messages or Emails from Voice of SAP (VOSAP) at the provided phone number or Email address regarding assistive device application update, VOSAP Programmes and related services. Message and data rates may apply. I understand I can opt out at any time. See our [data privacy policy](#) and [terms and conditions](#).

**I AGREE**

6. Upon clicking **I Agree** you will see the below screen, kindly check **email** for verification link.



7. Please click on the “**Verify Email**” link to verify your Email account .



8. Now, fill in your information such as **Phone Number, Type of Disability, and Residential Information** and Select the **Assistive Device**

**Full Name (required)**  **E-mail (required)**

**Phone(WhatsApp number if possible) (required)**  **Disability Type (required)**

**State (required)**  **City (required)**

**Select Assistive Device:**

Orbit Reader 20 – Subsidized Price: \$499 (Actual Price: \$799)
  Orbit Reader 20 Plus – Subsidized Price: \$599 (Actual Price: \$899)
  Orbit Player – Subsidized Price: \$199 (Actual Price: \$299)

**6. Now, upload the required documents and add Address(Street address and zip code)**

- Each document must not exceed **2 MB** and should be in one of the following formats: **JPG/PNG/PDF/DOC**.
- Upload the following documents:
  - **Recent Photograph**
  - **Proof of Disability**

**Acceptable Proof of Disability: VOSAP accepts the following documentation:**

- Documentation from a licensed healthcare provider (physician, psychologist, or other qualified professional).
- Government-issued disability certification (e.g., Social Security Administration disability determination letter, VA disability rating).
- Educational records indicating disability accommodations (e.g., Individualized Education Program (IEP) or Section 504 Plan).
  -

Upload documents in JPG, PNG, PDF, or DOC format. Each file must not exceed 2 MB.

Photograph (required)

 No file chosen

Proof of Disability (required)

 No file chosen

Street Address (required)

Zip Code (required)

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

The screenshot shows the top navigation bar of the Voice of Specially Abled People website with links for Home, About Us, Projects, Volunteer, Accessibility, Youth Programs, Inspirational Stories, Resources, and UN. A 'DONATION' button is also present. Below the navigation bar is a large white box with green text that reads: "Your application submitted successfully". Below this, it says: "Thank you very much. Our team will process your application and will share the necessary information with the assistive device manufacturer/company for further processing. If you have any questions, please contact us at [contact@voiceofsap.org](mailto:contact@voiceofsap.org). Upon approval, our Assistive Technology Partner will get in touch with you for next steps."

7. Your application is submitted successfully and you will receive a submission confirmation email to your registered email address as following :

The screenshot shows an email from Voice of SAP. The header includes the sender's name and email address, and the recipient's name. The body of the email contains the following text: "Greetings from Voice of SAPI", "Thank you for submitting your application to the VOSAP Subsidy Program to receive the Orbit 20 Plus. Through this program, you are applying to receive a VOSAP subsidy toward the cost of this assistive device. Our team will review your application, and upon approval, we will notify both you and our Assistive Technology (AT) partner for further processing.", "Please note that your financial contribution for the applicable subsidy amount will be made directly to the device manufacturer/company. VOSAP does not collect or handle any payments on your behalf. Once approval is granted, all responsibilities related to product quality, warranty, training, and after-sales support will rest solely with the AT partner/product company.", "As a beneficiary, you are not just a recipient — you are a changemaker and a volunteer in yourself.", "We believe in empowering Specially Abled People to live life with independence and dignity. As a beneficiary, you are not just a recipient — you are a changemaker and a volunteer in yourself.", "We warmly invite you to take the VOSAP pledge to volunteer and give back to the community.", "Take a Pledge to Volunteer", "Together, we can create a more inclusive world — one life at a time.", "Stay Connected with VOSAP:", "Email: [contact@voiceofsap.org](mailto:contact@voiceofsap.org)", "Instagram: [vosap\\_official](#)", "LinkedIn: [Voice of SAP](#)", "Facebook: [facebook.com/voiceofsap](#)", "X (Twitter): [vosap2017](#)", "With Best Regards,", "Pranav Desai, Founder", "Voice of SAP"

Upon approval you will be notified and our partner will get in touch with you.

For queries send us at [contact@voiceofsap.org](mailto:contact@voiceofsap.org)