



User Guide on How to Apply for VOSAP Subsidy

1. To apply, go to our website:
<https://www.voiceofsap.org/applydevices/?country=US>
2. Now enter your **Name, Email, and Phone number**. If you are a new user, you will receive a verification link to your email address 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.

Full Name (required)

Email (required)

Phone Number (required)

+1

10-digit US number

NEXT >

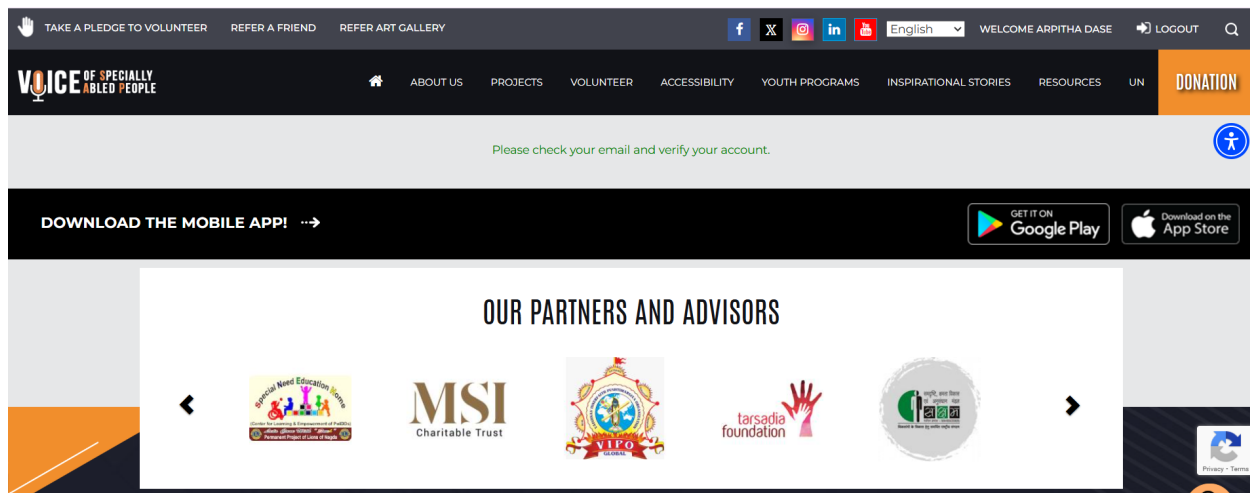
3. Upon clicking next, you will see a Consent and Self-Declaration form, scroll through

the agreement and ensure you check all the 4 consent boxes with a tick and click on “**I Agree.**”

There are 4 check boxes that you will have to tick, places right before the following texts:

1. I have read and agreed to the SMS/TCPA consent above.
2. I explicitly consent to VOSAP collecting and processing my proof of disability solely for eligibility verification and program delivery purposes. 3.
3. I consent to VOSAP using my photograph for program documentation and public communications as described above.
4. 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 updates, VOSAP programmes, and related services. Message and data rates may apply. I understand I can opt out at any time.

4. Upon clicking **I Agree**, you will see the screen below. Kindly check your **email** for the verification link.



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

Dear user,

You are just a few steps away from viewing the beautiful art Gallery.

Click Here

Join VOSAP and Volunteer to make the world a better place.

With best regards,

Voice of SAP

An organization in Special Consultative Status with UN ECOSOC <https://www.voiceofsap.org>

FB: <https://www.facebook.com/voiceofsap/>

Instagram: <https://www.instagram.com/vosap.official/>

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

Full Name (required)

faiz test

E-mail (required)

faiz.jamal10@gmail.com

Phone(WhatsApp number if possible) (required)

9650741685

Disability Type (required)

Select Disability Type

State (required)

Select State

City (required)

Select City

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)

7. 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)

Choose File No file chosen

Proof of Disability (required)

Choose File No file chosen

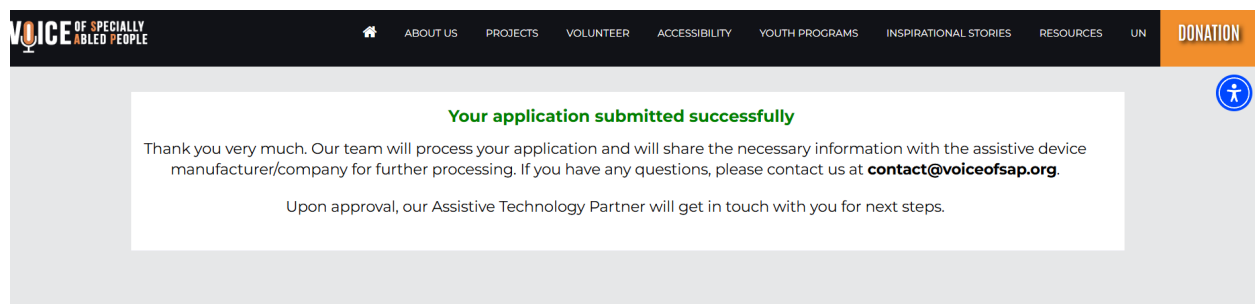
Street Address (required)

Enter Street Address

Zip Code (required)

Enter ZIP Code (e.g. 12345 or 12345-6789)

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



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

Dear user,

Greetings from **Voice of SAP!**

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

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 an email at info@voiceofsap.org