



Enabling Technologies Associates, Inc.

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Client Request Form

Client's Information

Client's Name: _____

Date: _____

Address: _____

City, St, Zip: _____

Home Phone: _____

E-mail Address: _____

Work Phone: _____

Primary Caregiver Information

Name: _____

Relationship: _____

Address: _____

City, St, Zip: _____

Home Phone: _____

E-mail Address: _____

Work Phone: _____

Client's Disability

Client's Environment

Client's Request

Form completed by : _____
(Print Name)

Signature: _____