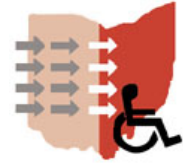




**Assistive Technology of Ohio  
Computer Program**

Toll Free (866) 801-7306  
Phone (614) 688-3222  
Fax (614) 292-3621  
Web site: [www.atohio.org](http://www.atohio.org)

1314 Kinnear Road  
Research Center, Area 1700  
Columbus, Ohio 43212  
Email: [atohio@osu.edu](mailto:atohio@osu.edu)



# Application for a Computer

(Promoting independence for People with Disabilities in Ohio through computer recycling)

**PLEASE READ:** Complete this form and return it to the above address, attaching signed Participation Agreement Form and a Disability Verification Letter (*from a service provider, case worker, doctor, rehab counselor, guidance counselor, special education teacher, etc. on OFFICIAL LETTERHEAD verifying applicant is a person with a disability as defined under the Americans with Disabilities Act – IEP forms, Social Security forms or medical histories are not accepted as verification*). Applicant **MUST BE** a legal resident of the state of Ohio. **ONLY ONE** computer application request is allowed per household.

PLEASE PRINT

<b>Name (Child or Adult to Receive Computer):</b>		<b>Age:</b>
<b>Address of Recipient</b> (cannot be shipped to a P.O. Box):		<b>City:</b>
		<b>Zip:</b>
<b>(Phone) Home:</b>	<b>Work:</b>	<b>Cellular:</b>
<b>Sex:</b>	<b>Race:</b>	<b>What is your Disability?</b>
<b>Contact Person (if applying on behalf of child or adult):</b>		<b>Relationship:</b>
<b>Referral Organization (if applicable):</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>

Please check how you will use this computer.

\_\_\_\_\_ **Employment**      \_\_\_\_\_ **Education**      \_\_\_\_\_ **Community Living**

**Where do you plan to get the computer training you need? (If necessary)**

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**Have you tried to obtain a computer from another source? If yes, what have you tried? What were the results of your efforts?**

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**Other comments you think will help AT Ohio understand your need for a computer.**

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**How did you hear about our program?**

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**Additional Comments:**

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Note: It is the participant's responsibility to update AT Ohio with address and/or phone number changes. If participant moves out of the state of Ohio, they will no longer be eligible for the program.

**The cost of the program for consumers is \$60. However, we offer a reduced price of \$30 for those consumers that want to pick-up their computer at our office in Columbus. Checks and Money Orders need to be made out to: *Assistive Technology of Ohio/OSU*. Computer requests will not be processed until all forms, disability verification and payment are received.**

**AT Ohio Use Only**

___ Application	Date: _____	___ Shipping Payment (\$60)	Date: _____
___ Participation Agreement	Date: _____	___ UPS Email Notification	Date: _____
___ Disability Verification Letter	Date: _____	___ Follow-up Survey	Date: _____