**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

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

**Please check how you will use this computer (check only one).**

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

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Additional Comments:**

|  |
| --- |
|  |

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: \_\_\_\_\_\_\_\_**