



Assistive Technology of Ohio
Computer Program

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Fax (614) 292-3621
Web site: atohio.engineering.osu.edu

1314 Kinnear Road
Research Center, Area 200
Columbus, Ohio 43212
Email: 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

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

Which of the following statements best describes why you are going through Assistive Technology of Ohio (AT Ohio) to get a computer (check only one).

_____ Could only afford computer through the state AT program.

_____ Computer was only available through state AT program.

_____ Other programs too complex/long wait

_____ None of the above

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

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: _____