



Assistive Technology of Ohio

Computer Refurbish and ReDistribution Program

Toll Free (866) 801-7306

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1314 Kinnear Road

Research Center, Area 1700

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 per household. Faxed or emailed documents are not accepted.

PLEASE PRINT

Name (Child or Adult to Receive Computer):		Age:
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:

Will you need a modem (dial-up Internet service) or will you be using a broadband service carrier (i.e. DSL, roadrunner, etc.)?

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)

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.

AT Ohio will contact participant when a computer becomes available. Length of time on waiting list depends on the number of computer donations received. Upon notification, participant will be required to send a check or money order in the amount of \$60 made out to: Assistive Technology of Ohio/OSU. Computer request will not be processed until all forms 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: _____