



RETURN TO:
TechOWL Connect with Tech
1301 Cecil B. Moore Ave | Ritter Annex 437
Philadelphia, PA 19122
Tel: (215) 204-0101

Connect with Tech Application

APPLICANT INFORMATION

Name (First) _____ (Last) _____ (MI) _____

Date of Birth: _____ / _____ / _____
(mm) (dd) (yyyy)

Phone: (_____) _____ Email: _____
please use alternative email address if you do not have one

Are you a Pennsylvania resident?

Yes No

What county do you reside in? _____

Street Address: _____

City: _____ Zip Code: _____

Is this your shipping address?

Yes No

Shipping Address *(leave blank if same as above)*:

Street Address: _____

City: _____ Zip Code: _____

Race:

- | | |
|--|---|
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multiracial (two or more races) |
| <input type="checkbox"/> White | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

Ethnicity: Hispanic or Latinx NOT Hispanic or Latinx

REASONS APPLICANT MAY NEED A TABLET

I have trouble getting health information or care because... (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I have limited income | <input type="checkbox"/> I am unable to leave my home easily |
| <input type="checkbox"/> I have a disability | <input type="checkbox"/> I am without housing |
| <input type="checkbox"/> My primary language is NOT English | <input type="checkbox"/> My size affects my health care |
| <input type="checkbox"/> My sexuality or gender affects my health care | |

What devices do you currently have?

- Tablet Computer Neither

How or where do you get internet access?

- | | |
|---|---|
| <input type="checkbox"/> Dial up at home | <input type="checkbox"/> Satellite at home |
| <input type="checkbox"/> Mobile data on my cell phone | <input type="checkbox"/> Public places (Café, Park, Schools, Recreation center, etc.) |
| <input type="checkbox"/> Hotspot at home | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Broadband at home | <input type="checkbox"/> None |

Do you participate in any of the following programs? Check all that apply

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> SSDI | <input type="checkbox"/> CHIP | <input type="checkbox"/> Early Head Start |
| <input type="checkbox"/> SNAP | <input type="checkbox"/> SSI | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Tribal Assistance |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Medicare | <input type="checkbox"/> PACE | <input type="checkbox"/> NONE |
| <input type="checkbox"/> Federal Pell Grant | <input type="checkbox"/> Public Housing Programs | <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> I choose not to answer |

ASSISTANCE WITH APPLICATION AND TABLET

Person assisting you with Application, if any:

Name (First) _____ (Last) _____

Phone: (_____) _____ Email: _____

Do you have someone who will help you learn how to use this tablet?

Yes No

Person assisting you with Tablet, if any:

Name (First) _____ (Last) _____

Phone: (_____) _____ Email: _____

END OF APPLICATION

How do you prefer to be notified about updates to your application?

Phone Call

Postal Mail

Email

Text Message

Do you promise that everything you have said on this application is true?

Yes No

Print Name

Signature

Date

EQUIPMENT RELEASE FORM

If approved for the tablet. To receive the device, you must agree to the Equipment Release of Liability and Terms.

EQUIPMENT RELEASE OF LIABILITY AND TERMS

I agree to indemnify and hold harmless the Institute on Disabilities, Temple University, the Department of Health (DOH), Centers of Disease Control (CDC), the Department of Labor and Industry, the Commonwealth of Pennsylvania, and any and all partners, employees, agents or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the Institute on Disabilities, Temple University, Department of Health (DOH), Centers of Disease Control (CDC), the Department of Labor and Industry, the Commonwealth of Pennsylvania, and any and all partners, employees, agents or representatives of the same, in connection with an item donated to me.





I understand I am receiving this item in "as is" condition and acknowledge that the donation is final. I understand that the item is no longer sold or supported by the manufacturer.

I understand that I am now the owner of the device, and that I am solely responsible for any additional accessories, evaluation, training, repair, replacement parts (including batteries), and for the safe disposal of the device once I no longer want or need it.

- I agree to the Release of Liability and other terms.
- No, I do not agree to the Release of Liability and other terms.

Signature



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