

**New Horizons Un-Limited
Computer Redistribution Program Application**

New Horizons Un-Limited receives donations of used computers from corporations and individuals, refurbishes them and makes them available to individuals with disabilities for use in their homes. Most of the computers have Pentium II processors or higher and will come loaded with Windows 98 SE and the Open Office Office Suite, including a word processing program, spreadsheet program, presentation program and drawing program. For those interested in Internet access, the computers can also come installed with modems for dial-up service.

Please evaluate your computer needs carefully to determine if the computers we are offering will work for you. Please be as specific as possible when indicating your computer needs on the application below.

Eligibility Criteria:

1. Eligible program applicants must:
 - Be an adult (18 years of age or older)
 - Have a **documented disability**
OR
 - Be a live-in **caregiver or parent** of an individual with a documented disability.
 - Accepted documentation includes, but not limited to:
 - Signed "Certification of Disability" from physician
 - Signed "Certification of Disability" from qualified disability service provider
2. Individuals must have a limited monthly income and have no other means by which to obtain a computer for their personal use.
 - Individual before-tax annual income should not exceed 50% of the applicant's county median income. Please see the attachment for income breakdowns by county.
3. Individuals must have knowledge of basic computer and Internet functions.
 - Individuals must demonstrate knowledge of computer and Internet functions via a meeting with New Horizons Un-Limited staff prior to computer placement.
 - Applicants without basic knowledge of computer and Internet functions must attend introductory computer lessons before a computer is granted. (Lessons will be offered at the New Horizons Un-Limited offices in Milwaukee or at the United Methodist Church of Whitefish Bay.)
4. Individuals shall agree to be interviewed on a periodic basis and / or complete evaluation surveys for the purpose of assisting NHU in evaluating our Technology Redistribution Program.

Note: There is a limit of one computer grant per household.

Program Application Procedures

1. Applicants must complete and submit the Program Application.
2. Applicants must direct their physician or disability service provider to return the signed "Certification of Disability" form (provided by NHU). Note: The application cannot be approved without this certification.
3. Applicants must submit a written statement of need prior to computer placement. Statement must include the following:
 - Explanation of why you are interested in obtaining a computer for in-home use.
 - Explanation of how you plan to use the technology.
 - Statement of how you believe technology access will affect your everyday life.

Program Application Procedures, continued...

4. Accepted applicants may be placed on a waiting list based upon the availability of technology at the time of application approval.
5. Technology will be distributed on a first-come (first-approved), first-serve basis.
6. Upon approval and completion of all prerequisites, grantees will be responsible for picking up the technology from the NHU offices. Grantees will further be responsible for setting up and maintaining the technology in their homes. Limited off-site technical assistance may be available via our Helpdesk.

NHU's IT Commitment

Technology is refurbished and granted "as is," without express or implied warranties.

In the event that an unfixable technical problem arises with the granted technology up to one year after original placement, a replacement computer will be furnished "as available."

Technology recipient may receive off-site computer set-up assistance from NHU. We are not in the position to offer in-home set-up or support at this time.

Free, off-site IT trouble-shooting will be offered on an "as available" basis via the NHU IT Help Desk. Individuals will be required to return the computer to NHU for hands-on troubleshooting and / or replacement.

Please keep this page for your records.

Technology Grant Program Application

Social Security Number: _____ **Date of Birth:** _____

Name: _____ **Today's Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail** _____

Annual Individual Income (Before Taxes): _____

of Members in Household: _____

Social Security	\$ _____ per month	State SSI	\$ _____ per month
SSDI	\$ _____ per month	Pension	\$ _____ per month
SSI	\$ _____ per month	Salary	\$ _____ per month
SSIE	\$ _____ per month	Other:	\$ _____ per month

I am:

- An adult with a documented disability*
- An in-home parent or caregiver applying on behalf of a person with a documented disability*

**Please be certain to return the Certification of Disability with your Physician or Service Provider's signature. The Application will not be approved without this certification.*

The following questions are for tracking purposes only and will not have any bearing on the acceptance or denial of your application. You may share your gender and ethnicity at your discretion.

Gender: Male ____ Female ____

Ethnicity: Caucasian ____ African American ____ Hispanic ____
Native American ____ Other _____

1. What are your specific computer (software and hardware) needs? (For example do you require a large screen monitor (17" or larger) to accommodate a visual disability?)

2. Have you ever or do you currently own a personal computer?

- Yes, I currently own a home computer
- Yes, I have owned a home computer in the past
- No, I have never owned a home computer

If you have ever owned a personal computer, how did you obtain it?

If you have ever owned a personal computer, why do you require an additional / replacement personal computer?

3. How many hours a week do you plan to use the computer?

- Less than 1 hour per week
- 2 – 3 hours per week
- 4 – 6 hours per week
- 6 – 8 hours per week
- More than 8 hours per week

4. What benefit do you hope to receive by having access to a personal computer? (Check all that apply.)

- Easy access to local and national information and news via the Internet.
- Less isolation from my community.
- Easier access to continuing education.
- Opportunity to work from home.
- Improvement of skills to obtain employment.
- Improvement of skills to obtain an employment promotion.
- Other: _____

5. How will you use the computer? (Check all that apply.)

- Practice of typing and basic computer skills
- Word Processing (Typing of letters, documents, etc.)
- Internet Searches / E-mail Communication
- Distance Learning (Education from Home)
- Telecommuting (Work from Home)
- Other: _____
- Other: _____

6. Do you plan to have Internet Access? (If you answer no, please skip to question 7.)

- Yes
- No

If you do plan to have Internet Access, how do you plan to use the Internet? (Check all that apply.)

- To access news and information.
- To communicate with others in chatrooms and message boards.
- To communicate with friends and family (i.e. e-mail).
- To pursue continuing education.
- To telecommute (work from home).
- Other (please explain): _____
- Other (please explain): _____

In which type of Internet Service are you interested?

- Dial-up service (from \$9.95 per month)
- DSL Service (from \$29.95 per month plus installation and equipment fees)
- Cable Service (from \$29.95 per month plus installation and equipment fees)

Do you need information on low-cost Internet Service Providers?

- Yes
- No

7. If you do not plan to have Internet Access, why? (Please check all that apply.)

- I do not like using the Internet.
- I do not know enough about the Internet.
- I cannot afford the monthly service fees.
- Other: _____

8. As of today, how well developed are your computer skills?

- Above Average
- Average
- Below Average
- Not at All

9. Have you had computer training in the past?

- Yes
- No

If you have had computer training in the past, please list the location and title of the classes.

If you have not received computer training, have you or do you plan to sign up for introductory computer classes in the near future?

- Yes
- No

If you have not signed up for classes, do you need a referral to a training organization?

- Yes
- No

10. Will you have a need for special adaptive equipment to be able to use the computer?

- Yes
- No

If you do have a need for Adaptive Technology, do you need information on sources of assistance for the purchase of this technology?

- Yes
- No

11. How did you hear of the New Horizons Un-Limited (NHU) Computer Redistribution Program?

- Non-profit Organization: _____
- CommunicAbility – NHU's Newsletter
- Browsing the Web
- Other (please be specific): _____

12. Personal Request:

On a separate page, in a few paragraphs and in your own words, please offer a detailed explanation of the following:

- Why you are interested in obtaining a computer for in-home use.
- How you or your family members plan to use the technology.
- How you believe technology access will affect your everyday life.

Please review each statement below, sign the application and return it with your one-page personal request, and "Certification of Disability" signed by your physician / disability service provider to:

New Horizons Un-Limited Inc.
811 East Wisconsin Avenue, Suite 937
Milwaukee, Wisconsin 53202

- I have read and agree with the Eligibility Criteria, the Application Procedures and NHU's IT Commitment.
- I certify that I am eligible for this program in accordance with the eligibility criteria set forth.
- I understand that my application to the Technology Grant Program does not guarantee a Technology Grant. I further understand that if I am approved, my name may be placed on a waiting list, pending the availability of computer technology.
- I understand that NHU does not guarantee Technical Support nor do they guarantee a replacement computer in the event that technical problems arise with granted computer equipment.

Signature of Applicant: _____

Date: _____

Income Guidelines

Estimated Maximum Individual Annual Income Limits
at 50% of 2004 County Median Income

As a guideline for the New Horizons Un-Limited Computer Redistribution Program, individual, before-tax, annual income should not exceed the following limits for an individual's county of residence.

Kenosha County	\$22,000
Milwaukee County	\$23,500
Ozaukee County	\$23,500
Racine County	\$22,750
Washington County	\$23,500
Waukesha County	\$23,500

Certification of Disability

Applicant: _____

Social Security #: _____

Date of Birth: _____

Physician / Service Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

Release of Information Authorization:

I hereby authorize the above named physician / service provider having any records or information pertaining to all medical history, mental or physical condition, evaluation, diagnosis, treatment, or prognosis of myself to give verification of my disabling condition to New Horizons Un-Limited Inc. I acknowledge that this verification will be used solely for the purposes described below.

Date: _____ Applicant Signature: _____

Physician / Service Provider Only Below this Line

Dear Doctor / Service Provider,

In an effort to ensure that we are indeed serving the audience as set forth in our mission, we must verify that all applicants to our Access Technology Computer Redistribution Program have a lifelong disabling condition. Our program serves adults (aged 18 or older), with a physical, mental, developmental, emotional, and / or learning disability.

Please carefully review the above named patient's records and return to us your certification of his/her lifelong disability. If you have any questions please contact New Horizons Un-Limited at (414) 299-0124.

Does this person have a disability that is expected to be of long-continued and indefinite duration?

Yes _____ No _____

Please explain the nature of the disability in a few sentences below:

I, _____ certify that the above is true and correct to the best of my knowledge.

Physician / Service Provider Name (Please Print)

Physician / Service Provider Signature: _____ Date: _____

Daytime Phone: _____ E-mail Address: _____

Please return this form to:

New Horizons Un-Limited Inc.
811 East Wisconsin Avenue, Suite 937
Milwaukee, Wisconsin 53202

Phone: (414) 299-0124
Fax: (414) 347-1977
E-mail: horizons@new-horizons.org