



## ADAPTIVE COMPUTER EMPOWERMENT SERVICES

10054 Prospect Ave., Suite E

Santee, CA 92071

619-448-0636



### APPLICATION FOR DESKTOP COMPUTER SYSTEM

(Mail to ACES)

Eligibility: San Diego County residents with disabilities or senior, who are low income, and who are capable of using a computer.

**IMPORTANT!**

**Written verification of disability as well as monthly household income, and a non-refundable processing fee of \$125 made out to ACES, will need to be sent along with this completed application for consideration for ACES computer and support services. Seniors must provide proof of age (65 or older). The computer includes the processor, keyboard, mouse, and a flat panel monitor and is ready to use.** Acceptable forms of financial verification include SSI and Social Security award letters, pay stubs, tax returns or bank statements showing electronic deposits. SSI and Social Security award letters verify both the disability and financial status. Other forms of disability verification may be letters from licensed health care professionals. Proof of age can be provided with a copy of a driver's license.

**Note: We cannot deliver and/or set up your computer. It must be picked up at our Santee location by yourself or a designated person.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Tele: \_\_\_\_\_

Referred by: \_\_\_\_\_ No. in Household: \_\_\_\_\_ Race (optional)\* \_\_\_\_\_

\*Am Indian Chinese Filipino Japanese Vietnamese Afr. American Latino White Other \_\_\_\_\_

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

Are you mobility impaired (wheelchair or walker)? Yes \_\_\_\_\_ No \_\_\_\_\_

**REQUIRED**

For what purpose(s) do you wish to use a computer? Employment \_\_\_\_\_ School \_\_\_\_\_

Volunteer Work \_\_\_\_\_ Creative Writing \_\_\_\_\_ Communication \_\_\_\_\_

Quality of Life (games, shopping, graphics, etc.) \_\_\_\_\_ Other \_\_\_\_\_

If your purpose is employment, please indicate the type work you hope to find and your plans for obtaining that employment.

If your purpose relates to school, are you in school now? What schooling plans do you have? What will you be studying and where?

Is special equipment required for you to use a computer? Voice recognition (for paralysis) \_\_\_\_\_ Text to Speech (screen readers for blind) \_\_\_\_\_ Large monitor (low vision) \_\_\_\_\_ Trackball (hand impairment) \_\_\_\_\_ Special Keyboard \_\_\_\_\_ **ACES is not funded for this equipment.** How will you get this special equipment? (from Dept. of Rehabilitation? Or from a school? Or privately?)

What tasks do you desire the computer be able to do? Internet \_\_\_\_\_ Word processing \_\_\_\_\_ Spreadsheets \_\_\_\_\_ Other Needs: \_\_\_\_\_

What is your experience with computers? (We encourage applicants to take area computer classes at local adult education programs, community colleges, ROP classes, community computer centers, etc. prior to receiving equipment.) \_\_\_\_\_

**How will you get on the Internet (dial-up or high speed)?** \_\_\_\_\_ **(Required)**

Do you have someone who can help you learn to use the computer? Yes \_\_\_\_\_ No \_\_\_\_\_

Since virtually all ACES services are provided by volunteers, we ask that all applicants be willing to volunteer in the community. Where are you currently volunteering?

\_\_\_\_\_

Please note the following:

1. I understand that part of my commitment to this program will include my participation in an ongoing research study to determine the personal benefits of having a computer to use. This study may require me to respond to questionnaires about my computer use and experience at least three times over a year and a half period.
2. I agree to keep ACES informed of my address, telephone number, and email address changes for two years following receipt of ACES computer equipment.
3. I agree to do my best to volunteer in the community.
4. I understand that I must pick up my computer or will send a designated representative to pick up my computer.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

E-Mail \_\_\_\_\_

**REMEMBER! Send this application and all underlined items - **\$125 and a copy of your disability or age verification and income verification** to ACES to start on the waiting list. Approximately two weeks after mailing in these materials, please call ACES 619-448-5253 to be sure all materials have been received. **Be sure we have your telephone number so we can contact you!****