



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)

- I have limited income
- I have a disability
- My primary language is NOT English
- My sexuality or gender affects my health care
- I am unable to leave my home easily
- I am without housing
- My size affects my health care

What devices do you currently have?

- Tablet
- Computer
- Neither

How or where do you get internet access?

- Dial up at home
- Mobile data on my cell phone
- Hotspot at home
- Broadband at home
- Satellite at home
- Public places (Café, Park, Schools, Recreation center, etc.)
- Other \_\_\_\_\_
- None

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

- TANF
- SNAP
- WIC
- Federal Pell Grant
- SSDI
- SSI
- Medicare
- Public Housing Programs
- CHIP
- LIHEAP
- PACE
- Medical Assistance
- Early Head Start
- Tribal Assistance
- NONE
- 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.

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Signature