



Ohio Technology Access Project
 119 Valley Street
 Dayton, Ohio 45404
 (937) 222-2755
 otap@otap.org

Individual Application for Used Computer Equipment

Name of Applicant (please print)		Date
Name of Contact person		Age
Address		
City	State	ZIP
Home Phone	Employer	
Other Phone	Disability Type	
How did you hear about us?	Referred By	
	Supervising Agency	

Describe your need for a computer and whatever disability or challenge you have in obtaining one.

Describe your ability to use a computer. If you do NOT know how to use a computer put "None" for your answer.

Fill out reverse side



If you answered that you do not know how to use a computer, where will you get the training to use one?

Other comments you think will help OTAP understand your need for a computer

Note: The computer equipment provided by OTAP will be configured to provide basic computing functionality for individuals with limited or minimal computing skills. It may be necessary to upgrade to a more advanced computer to address needs of users with advanced computing skills. The mission of OTAP is to help bridge the "digital divide" by providing a computing experience for beginners.

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Signature of applicant

(Parent/Legal Guardian)

Date