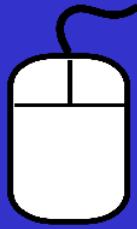


Double Click Computer Program



Please return the application to:
 Easter Seals Central Texas
 c/o Double-Click Program
 2324 Ridgepoint Drive, Suite F1
 Austin, Texas 78754
 Phone: 512-362-5674
 Fax: 512-615-7121
 Email: rmartinez@eastersealstx.org

Will You need
Assistive Apps on
the Computer?

COMPUTER APPLICATION

The Double-Click Program provides disabled Texans with low-cost, desktop and laptop computers. Minimum computer specifications are a **1.6-2.6GHz Processor, 2-4GB RAM, 80GB Hard Drive, and DVD drive**. Computers come with a **LCD monitor, keyboard, mouse, speakers, Windows 10, and Libre Office**. The computers are shipped to each participant outside of Austin and installed at residences in Austin. The cost of the computer is **\$120** and comes with a **90-day hardware** and a **30-day software warranty**.

APPLICANT INFORMATION: ENTER WHOM THE COMPUTER IS FOR

DATE: _____ NAME: _____

DATE OF BIRTH: _____ PHONE: _____ EMAIL: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

GENDER	MALE	FEMALE	RACE	NATIVE AMERICAN	ASIAN	BLACK	HISPANIC	WHITE	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISABILITY (CHECK ALL THAT APPLY):

COGNITIVE	HEARING	MOBILITY	SPEECH	VISION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW WILL THE COMPUTER MEET YOUR INDIVIDUAL NEEDS?

Please choose type of Computer

Employment	EDUCATION	Community Living	Desktop	Laptop
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW WILL YOU BE PAYING FOR YOUR COMPUTER?

Loan Request (1 st payment \$60 and two \$30 monthly payments= \$120) <input type="checkbox"/>	Full \$120 <input type="checkbox"/>	PLEASE ENCLOSE CHECK OR MONEY ORDER FOR \$120 or Initial Payment of \$60 for the 3-MONTH LOAN TO: EASTER SEALS CENTRAL TEXAS (Double Click)	\$ _____
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LOAN APPLICANT: APPLICANT IS PERSON RESPONSIBLE FOR THE LOAN

NAME: _____

APPLICANT RELATIONSHIP TO COMPUTER USER: _____

INCOME FOR LOAN (This information is needed in order to process application)

MONTHLY INCOME _____ \$

MONTHLY EXPENSES _____ \$

MONTHLY INCOME MINUS MONTHLY EXPENSES _____ \$

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I AGREE TO ADHERE TO ALL 'DOUBLE-CLICK' LOAN RULES, POLICIES, AND PROCEDURES.

(This application acts as a contract between the applicant and The Double Click Program)

APPLICANT'S SIGNATURE: _____



The Double-Click Project is funded by the Assistive Technology Act of 2004 and made available through the Texas Technology Access Project, a part of Texas Center for Disabilities Studies at The University of Texas at Austin.