



ACES

ADAPTIVE COMPUTER EMPOWERMENT SERVICES

C/o United Cerebral Palsy Association of San Diego
8525 Gibbs Drive, Suite 100, San Diego, CA 92123
(858) 244.1226

APPLICATION FOR COMPUTER SYSTEM

(Mail to ACES)

Eligibility: Low income San Diego County residents with disabilities, or seniors (age 65+), , and who are capable of using a computer.

IMPORTANT!

Written verification of disability (or age, if senior) as well as monthly household income, and a non-refundable processing fee of \$50 made out to ACES, will need to be sent along with this completed application for consideration for ACES computer and support services. 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. Seniors may submit a copy of your driver's license.

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 _____

Do you have someone who can pick up the computer equipment from the workshop and install it in your home? Yes _____ No _____

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 do you plan to learn how to use your computer?

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?

If you are not currently volunteering, what type volunteer work would you be willing and able to do?

May we give your name and telephone number to another agency for volunteering for them?
Yes_____ No_____

Please note the following:

1. I understand that I will be responsible for furnishing my own desk, power strip, telephone cord (long enough to go from the computer to the phone jack, and for a phone line splitter which makes two jacks out of one) in time for installation of the computer.
2. 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 will require me to respond to questionnaires about my computer use and experience at least three times over a year and a half period.
3. I agree to keep ACES informed of my address, telephone number, and email address changes for two years following receipt of ACES computer equipment.
4. I agree to do my best to volunteer in the community.
5. I agree to do my best to participate, online (by email) in ACES online groups and citizenship activities.

Signature

REMEMBER! Send this application and all underlined items - \$50 and a copy of your disability verification (or age) and income verification to ACES to start on the waiting list. Approximately two weeks after mailing in these materials, please call ACES (858) 244-1226 to be sure all materials have been received.