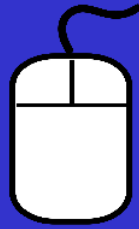


Double Click Computer Program



Please return the application to:
 Easter Seals Central Texas
 c/o Double-Click Project
 8505 Cross Park Drive, Suite 120
 Austin, Texas 78754
 Phone: 512-615-6860
 Fax: 512-615-7121
 Email: doubleclick@eastersealstx.org

How did you hear about us?

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)	\$
---	--	--	----

LOAN APPLICANT: APPLICANT IS PERSON RESPONSIBLE FOR THE LOAN

NAME:

APPLICANT RELATIONSHIP TO COMPUTER USER:

INCOME FOR LOAN APPROVAL (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.