



COVID Response Technology Project Application for Tech Access



Applicants will receive individualized assistance to identify technology based on the person's abilities and needs.

Name of person who needs technology assistance and Date of Birth:

Home Phone of Applicant:

Physical Address (include town & zip code):

Name of person making this referral & provider organization:

Relationship to the individual requiring assistance:

Two ways to contact the person making this referral:

Does this person have an Apple ID? Yes No

How will technology benefit this person:

Description of person's abilities - please specify if the person is deaf, hard of hearing or has a speech-related disability:

Living Situation:

Guardian's name and email/phone if applicable:

Key team members/supporters who can assist with technology (including name and phone number):

Does the person currently have access to wifi at home? Yes No Unsure

*Send the completed form to TechAssistProject@protonmail.com. This is an encrypted email account created specifically for this project.
Any questions regarding this application email kim@champneyconsulting.com.*