



COVID Response Technology Project Application for Tech Access



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

Note: Applicant must be a Trust beneficiary. More information available at <https://alaskamentalhealthtrust.org/beneficiaries/who-they-are/>

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 & contact information:

Name of person who is the best point of contact regarding technology needs:

Two ways to reach the best point of contact:

Does this person have an Apple ID? Yes No

How will this person use technology to access supports and services?

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.*