

**Assistive Technology Exchange Network**  
 7550 West 183<sup>rd</sup> Street, Tinley Park, Illinois 60477  
 708-444-8460 Fax: 708-429-3981  
 United Cerebral Palsy of Greater Chicago

Ref. Number: (office use) Date: \_\_\_\_\_

All information MUST be completed in order for the application to be processed.

School Name: \_\_\_\_\_

District: \_\_\_\_\_ County: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt: Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**List below the type and quantity of computer equipment you are requesting.**

Type of Computer Requested (Circle One) PC / Mac Quantity of Computer Requested

Other Equipment Request: (Circle One) Yes / No Quantity Requested:

**List Other Type of Equipment Requested:**

**Number of students and their gender of user per computer system that is requested.**

Female  Male

**Number of students and the eligibility of user per computer system that is requested.**

Autism <input type="checkbox"/>	Developmental Delay <input type="checkbox"/>	Multiple Disabilities <input type="checkbox"/>	Traumatic Brain Injury <input type="checkbox"/>
Cognitive Impairment <input type="checkbox"/>	Emotional Disability <input type="checkbox"/>	Orthopedic Impairment <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>
Deaf/Blindness <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Other Health Impairment <input type="checkbox"/>	Including Blindness <input type="checkbox"/>
Deafness <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	Speech/Language Impairment <input type="checkbox"/>	

**Number of students and their race/ethnicity of user per computer system that is requested.**

African-American  Asian  Caucasian  Latino  Other (Specify)  \_\_\_\_\_

**Number of students and the intended level of user per computer system that is requested.**

Preschool  Elementary School  Middle School  High School  Transition

**Number of students and their intended location of user per computer system that is requested.**

Classroom  Tech Lab  Home  Multiple Environments

**Number of students and the purpose of equipment for user per computer system that is requested.**

Access/Increase Participation in General Curriculum <input type="checkbox"/>	Access/Increase Participation Community/Vocational Setting <input type="checkbox"/>
Access/Participation Social Networking/Internet <input type="checkbox"/>	Access/Participation Related Service/Therapy Support <input type="checkbox"/>

**PICK-UP/SHIPPING ARRANGEMENTS:**

- School will pick up equipment from ATEN - 7550 West 183<sup>rd</sup> Street - Tinley Park, IL.  
 Ship equipment to the school. All shipping and handling fees are the responsibility of the school.

**PROCESSING FEE:**

A **\$35.00** processing fee per system will be required at time of pick up / delivery of computer(s).

I agree to the terms stated above. \_\_\_\_\_  
 (Administrative Signature/Title) (Date)

This application form is for all requests made during the fiscal year July 1, 2011 – June 30, 2012.  
 Not valid if received after June 30, 2012.