

Assistive Technology Exchange Network
 7550 West 183rd 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 183rd 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, 2010 – June 30, 2011.
 Not valid if received after June 30, 2011.