

Assistive Technology Exchange Network
7550 West 183rd Street, Tinley Park, Illinois 60477
708-444-8460 Fax: 708-429-3981
UCP Seguin 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 quantity of computer equipment you are requesting.

Computer Request Desktop _____ PC _____ Quantity of Computer Requested ☐

Complete with Monitor, Keyboard, Mouse, Cords, Windows Operating System, Microsoft Office Suites

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, 2017 – June 30, 2018.
Not valid if received after June 30, 2018.