



UCP of Central Minnesota
 510 25th Avenue North
 Saint Cloud, MN 56303
 Phone: (320)253-0765
 Email: cgr@ucpcentralmn.org
 Website: www.ucpcentralmn.org

To Qualify:

All persons who wish to have a computer through Computers Go Round must have a disability that is recognized by the Americans with Disabilities Act or have a family member that does. The packaging fee for a computer will be \$125. At the time of application, \$75 is due, and the remaining amount is due upon pickup of the computer. \$20 of that \$75 deposit is a non-refundable processing fee. Also, a nominal fee may be required depending on the specific configuration of your computer. Please provide proof of disability with application. Recipients are responsible for picking up the computer.

APPLICATION

(Please Print)

Today's Date:							
APPLICANT INFORMATION							
Last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
						Marital status: Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/>	
Do you currently own a computer <input type="checkbox"/> Yes <input type="checkbox"/> No		Who is this computer for?		Are you a Veteran?		Birth date:	
						Age:	
						Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Ethnicity		Type of Disability		Disability income in household?		Annual gross household income: ()	
Street address:		Home phone no.:		Alternate phone no.:			
County		City:		State:		ZIP Code:	
Computer is for what purpose (Please check all that apply):		<input type="checkbox"/> Internet		<input type="checkbox"/> Word Processing		<input type="checkbox"/> School	
<input type="checkbox"/> Games		<input type="checkbox"/> Bookkeeping		<input type="checkbox"/> Job Training		<input type="checkbox"/> Communication	
<input type="checkbox"/> Other							
Will special adaptations be necessary?		<input type="checkbox"/> Yes <input type="checkbox"/> No		What type of adaptations will be necessary?			
PAYMENT INFORMATION							
Credit Card Number:		Security Code (3 digits)		Card Type		Expiration Date	
Name on Card:							
I understand that I will be responsible for expenses related to maintenance, additional program, internet fees, etc.							
Signature _____				Date _____			

1 st Payment	Cash	Check	Credit Card
2 nd Payment	Cash	Check	Credit Card