

Recipient's Printed Name



help

Date

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Recipient Information Phone Number: Student Name (first and last): Guardian Name (first and last): New computer will be used for (check all that apply): ☐ Word Processing ☐ Email ☐ Job Applications ☐ Internet ☐ School Work ☐ Bookkeeping ☐ Games ☐ Job Skills Training Other:__ **Internet Purchase** (This information allows you to log into your PCs for People online account and pay your bill in the future) Email Address: Create a password (8+ characters): Device MEID: Verification New Computer ID: \square I certify that the information in this form is true and accurate and understand that misrepresentation of any material fact may be grounds for ineligibility of a computer and/or future support. □ I assume all liability associated with the use and disposal of the provided equipment. It is my responsibility to follow all applicable Federal, State, and Local recycling laws. I also release PCs for People from all liability, including, any claim for indemnification or contribution. PCs for People shall not be liable under this agreement for any economic or personal damages including loss of profits or revenues, business interruption, and loss of information or data. □ I agree on my behalf of myself and my children that we may be photographed, recorded and videotaped by PCs for People, its employees, partners and affiliates or any media without receiving compensation of any kind. I grant PCs for People, its employees, partners, and affiliates the right to edit, use, and reuse this footage as deemed appropriate by PCs for People for future productions and publications, which may be viewed by public and private sector audiences. I also hereby release Pcs for People and its agents, employees, partners, and affiliates from all claims, demands, and liabilities whatsoever in connection with the above. ☐ I have read and accept Mobile Beacon's Terms of Service. □ I agree that because I am signing up for a computer and/or internet service through a partner organization, PCs for People may share my information with the partner.

Recipient's Signature



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PCs for People recipients must complete *ALL FIELDS* below to the best of their knowledge.

Recipient Background					*
Total number of people in your home:					
Total yearly income (includes both earned and ur	nearned income):				
Employment status: □Employed Full-Time □Er	mployed Part-Time Unemployed				
Eligibility Adult & child mental health case management recipients Child protection services Employment services Food stamps Head Start Low-Income Home energy Assistance Program (LIHEAP) Medicaid	☐ Medicare ☐ National school lunch programs Free Lunch Program ☐ Non-college bound high school senior ☐ Refugee populations ☐ Section 8 or other federal public housing assistance ☐ Senior citizen		 □ Supplemental Security Income (SSI) □ Veterans □ General assistance □ Social security disability □ Medical assistance □ WIC – Women, Infants and Children □ 501(c)(3) Non Profit 		
Any special circumstances that ap	oply?				
☐ Single-parent family☐ Child with disabilities☐ Child with school difficulties☐ Adult with disabilities			•		
Origin Asian/Pacific Islander American Indian/Alaskan Native Caucasian/White Latino/Latina/Hispanic African American/African Middle Eastern Other: Prefer not to answer					
Recipient Background - Number of children in your home: - Ages of children in your home:					
- Previously owned a computer:	No No				
If yes, what kind of internet connection did you l	ab II				
If yes, what kind of internet connection do you h ☐ Smartphone only ☐ Wireless/Wi	i-Fi 🗆 Dial-up				