

TechCONNECT

A collaborative program dedicated to improving digital and media literacy among older adults



Program Application

Tell Us About Yourself

Last Name:	First Name:	Date of Birth __/__/----
Home Address: Street: City:	State: CT Zip Code:	Home Phone#: Cell #:
Email Address:	Marital Status?	
This application is for (check one): <input type="checkbox"/> Self <input type="checkbox"/> Self and spouse/partner	Primary Language?	Do you Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse/Partner's Last Name:	Spouse/ Partner's First Name:	Date of Birth __/__/----
Home Address: Street: City:	State: CT Zip Code:	Home Phone#: Cell #:
Email Address:	Primary Language?	Do you Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No

In an effort to pursue equity, inclusion and full access to this program by all members of our community, please indicate which category best describes you. Select ALL that apply.

<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-racial or Bi-racial
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Different identity, not listed
<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Prefer not to answer

Size of Household

Housing

<input type="checkbox"/> 1	<input type="checkbox"/> Own	<input type="checkbox"/> Live w/ Family, rent free
<input type="checkbox"/> 2	<input type="checkbox"/> Rent	<input type="checkbox"/> Live w/ Family, pays rent
<input type="checkbox"/> 3 or more	<input type="checkbox"/> Senior / Public Housing	<input type="checkbox"/> Other: _____

Tell Us About Your Income

Add together all income that you (and your spouse) receive from all sources, before deductions are made. Examples of income are Social Security, Supplemental Security Income, Wages, Pensions, Disability Benefits,

Workers Compensation, Unemployment Compensation, Interest, Dividends, Rental Property Income, Alimony, etc... Eligibility for **TechCONNECT** is solely based on age (62+) and income. **Assets are not considered.**

Family Size	Income Limits 300% of FPL (Federal Poverty Level)	Is your total income at or below the income limits listed for a single person or for a couple?
1 (Single)	\$38,640/year (\$3,220/month)	<input type="checkbox"/> Yes, my annual income is below \$38,640 <input type="checkbox"/> No, my annual income is above \$38,640
2 (Couple)	\$52,260/year (\$4,355/month)	<input type="checkbox"/> Yes, our annual income is below \$52,260 <input type="checkbox"/> No, our annual income is above \$52,260

Please indicate if you are currently enrolled in, or receive benefits from, any program listed below (Verification is required). Please check all that apply.

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare Savings Program	<input type="checkbox"/> SNAP	<input type="checkbox"/> Greenwich Department of Human Services Name of Caseworker: _____
-----------------------------------	---	-------------------------------	--

Important Information for You to Know About Your Application

- Applicants must submit verification of income from all sources (such as a signed copy of their most recently filed U.S. Income Tax Return -Form 1040) OR verification of enrollment in Medicaid, Medicare Savings Program or SNAP. Any Information provided may be verified to the extent permitted by law, including age, identity, residency, income or enrollment in a government assistance program.
- All applications will be date-stamped when received and applicants will be informed of the status of their application in a timely fashion.
- All information provided is confidential and will only be used to determine eligibility in the **TechCONNECT** program. All sensitive information provided will be returned to the applicant or destroyed to ensure confidentiality.
- Currently, a maximum of 100 individuals/households will be accepted into the program on a first-come, first serve basis.
- Tablets received through **TechCONNECT** cannot be gifted, sold or assigned and are intended for use by the applicant(s).
- After completion of 3 mandatory training sessions provided by Greenwich Country Day School students and faculty, additional tech-support will be provided on an as needed basis.
- After 1 year, monthly fees for continued internet service will be the responsibility of the applicant.

Please Read Carefully and Sign Below

I certify, under penalty of perjury, that all the statements made on this form are true and complete to the best of my knowledge.

Applicant's Name (Print)	Applicant's Signature	Date
Spouse/Partner's Name (Print)	Spouse/Partner's Signature	Date

If you have any questions or need a reasonable accommodation or special assistance to complete this application, please contact the Greenwich Commission on Aging, 203-862-6710.

For Office Use Only

Applicant meets eligibility criteria <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", reason: _____ Reviewed by: _____
--	--