# **Lighthouse Center for VITAL LIVING**

# **Device Loan and Training Request Form**

## Fax to 218-624-4479 or email Samantha@LCFVL.org

The Lighthouse has time-limited funds via the state of Minnesota to help individuals with disabilities stay safer and more connected through COVID19. Individuals of all ages who have disabilities can apply to the Lighthouse to borrow devices for 60 days or longer for purposes such as:

* accessing medical appointments or health-related meetings;
* maintaining social connections with family and friends;
* welfare checks with caregivers; or
* (for students and/or parents with disabilities), connecting more effectively with schools.

The Lighthouse will provide device set-up, training and ongoing support as part of any device loan. Please return form immediately. Applications will be processed “First Come First Served” and according to need.

## **Questions? Call Samantha at 218.624.4828 x 1009**

# **CLIENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name**  |  | **DOB:** | Click or tap here to enter text. |
| **Over 65? (not required)**[ ] Yes  | **MN Resident? (required)**[ ] Yes | **Arrowhead Resident? (not required)**[ ] Yes |
| **Street Address:**Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | **State: MN** | **Zip:**  | Click or tap here to enter text. |
| **Phone:** Click or tap here to enter text. | **County of Residence:** Click or tap here to enter text. |  |
| **Client Email** Click or tap here to enter text. | **Does client have reliable internet?**  | Click or tap here to enter text. |
| **Referral Made By: (Name/Organization)**Click or tap here to enter text. | **Phone and/or email**Click or tap here to enter text. |  |
| **Race (not required info but helpful for Lighthouse records):** Click or tap here to enter text. | **Client medical insurance type**Click or tap here to enter text. |  |
| **Is client family income likely below 2x Poverty? (Not required info but helpful for Lighthouse records)** [ ] Yes | **Is client on a waiver?** [ ] Yes |

# **CLIENT NEEDS**

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| --- |
| **Please describe client’s goals/needs for a technology loan and/or training during COVID19.**[ ] **Connect to telehealth for medical treatment or therapy appointments**[ ] **Reduce isolation by connecting with friends, family and online events**[ ]  **Other/explain**: Click or tap here to enter text. |
| **Describe client’s vision loss, disability and/or any other challenges? Is this disability diagnosed?**Click or tap here to enter text. |
| **Preference on type of device(s)**[ ]  Echo Show (This will be simplest solution to connect two people to each other, but not for medical appointments)[ ]  Tablet or Laptop (to connect to medical or group events)[ ]  Temporary Internet Connection via Hotspot[ ]  Other? Please explain. Click or tap here to enter text.  |
| **Other important information we should know:**Click or tap here to enter text. |