



CLF INDIVIDUAL APPLICATION

**IMPORTANT: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
PLEASE ATTACH COPIES OF THE APPROPRIATE DOCUMENTATION.**

Name of Applicant:

Address:

City: **State:** **Zip Code:**

Phone Number: ()

Please answer the following questions:

How were you referred to our organization? _____

Have you ever received equipment from CACRC before? NO YES

DON'T FORGET TO ATTACH PROOF OF FREE OR REDUCED LUNCH FOR YOUR CHILDREN OR A COPY OF YOUR MEDICAID CARD. A COPY OF YOUR DRIVER'S LICENSE OR STATE ID IS REQUIRED AS WELL. ANY APPLICATIONS WITHOUT THIS WILL BE DISCARDED.

Statement of Confidentiality: It is understood that no one, other than CACRC authorized staff will be privy to this information except as may be authorized by law.

I am applying for recycled computer equipment because I cannot obtain the computer equipment necessary to achieve the goals stated in this application. The information on this application is true to the best of my knowledge. By signing this I agree to never discard or throw the equipment or parts away, but will return them to CACRC when I no longer want them.

NAME: _____

SIGNED: _____

DATE: _____