

## BUFFALO COUNTY LAPTOP CONNECTIVITY FORM

Today's Date: \_\_\_\_\_

### 1. Community Connector Information (Do Not Put Client Information Here)

<b>Name</b>	<b>Relationship to Client</b>		
_____	_____		
<b>Agency</b>	<b>Phone Number</b>		
_____	_____		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
_____	_____	_____	_____
<b>Email Address</b>			
_____			

### 2. Client Information

Total Number of People Currently Living in Household: \_\_\_\_ (Please list all ages below, excluding client's)

Client Age \_\_\_\_\_

**Gender**

Female     Male     Another Gender: \_\_\_\_\_     Prefer not to say

**Race/Ethnicity (select all that may apply)**

White     Black or African American     Hispanic or Latino     Asian  
 American Indian or Alaskan Native: Part of federally recognized tribe?  Yes or  No  
 Native Hawaiian or Other Pacific Islander     Other: \_\_\_\_\_     Prefer not to say

**Relationship Status**

Married     Single     Separated/Divorced     Prefer not to say

**Current Education Level**

Never attended school/only kindergarten     Grades 1-8     Grades 9-11     Grade 12 or GED  
 College 1-3 Years     College 4 years or more     Don't know/prefer not to answer

### 3. Client Contact Information

<b>Name (First)</b>	<b>Name (Middle)</b>	<b>Name (Last)</b>
_____	_____	_____
<b>Phone Number</b>	<b>Email Address</b>	<b>Birth Date</b>
_____	_____	_____
<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip code</b>
_____	_____	_____

**4. Connectivity Information**

Does client have Wi-Fi or broadband internet connectivity?  Yes  No

If no, are you able to provide those services?  Yes  No

Does client require technical support?  Yes  No

If yes, are you able to provide those services?  Yes  No

Why is this device needed for client and/or their family? (select all that may apply)

- Adult Education  Early Childhood Education  Youth/Teen Education  For their occupation
- Virtual engagement with family and friends  Tele-therapy for mental health or health care
- Other: \_\_\_\_\_

When does the client require this device? Date: \_\_\_\_\_

**5. Release of Information**

I hereby grant permission for Buffalo County Community Partners and Community Member Agencies to share this non identifying information in order to secure a device to support my needs. I agree to use this device for its intended purposes and to refrain from any illegal activities during its operation. I also agree to being contacted by the Community Connector, or Buffalo County Community Partners, for any follow-up questions about the device. Additionally, I hereby grant permission to Nebraska Children and Family Foundation (NCFE) and their contracted evaluators including Munroe-Meyer Institute to evaluate effectiveness of the program, evaluation of this program that is funded in part by NCFE. You are not required to share this information for evaluation of program effectiveness. If you decide not to have this information shared, it will not affect you or your standing in our program in any way. For evaluation reporting purposes, your information will always be combined and will not be identifiable at the individual family level.

Client Signature	Date	Witness (verbal consent for client if during Direct Health Measures)	Date

If you have questions about the evaluation, please contact Matt Morris at  
[admin@bcchp.org](mailto:admin@bcchp.org)