



Gathering Strength, Inc.

www.gatheringstrength.org

Digital Access Project

Gathering Strength, Inc. (GS), is a nonprofit corporation that raises charitable funds to support health-promoting activities for people with physically disabling conditions. GS received two grants in July of 2020, one from the University of Kentucky Human Development Institute's Wellness Edge program (a paralysis resource program), and one from the Disability Inclusion Fund (DIF) at Borealis Philanthropy. The Wellness Edge grant will help GS to provide group health and wellness activities, especially on-line activities, for people with paralysis. The DIF funds are for a pilot project to help people with disabling conditions, who live on low incomes, obtain access to internet service so they can participate in GS's activities and other on-line resources.

Funding is LIMITED and provided on a first come, first served basis to people who cannot afford access to highspeed internet.

The goal is to begin internet access by or before November 15 2020, but the start time for each applicant also will depend upon his or her assistive technology needs.

Funding for assistance with digital access is for **high speed internet**, an appropriate **device (laptop computer)**, and **assistive technology** (limit \$150 per participant for items such as switches or software to make the device usable) **for:**

- **Approx. 20 people with paralysis, or other physically disabling condition who cannot afford access to high speed internet;**
- **People with incomes that are 200% of poverty level or less;**
- **Internet connection until end of Oct, 2021 (unless additional funding is secured).**

Applicants must complete and return the Digital Access Project Application, Agreement and Affidavit, and the Initial Questionnaire, and must be willing to do the following:

1. Complete short, one-page surveys before and after access is provided.
2. You or a caregiver participate in at least one series of group activity classes provided by Gathering Strength, (e.g., chair yoga, cardiovascular exercise).
3. Return the hotspot device at the end of the project.

Return Application to Gathering Strength, Inc., 2721 Shippen Ave, Louisville, KY 40206; or email to gatheringstrengthinc@gmail.com. For assistance, email or call 502-444-0631.



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Digital Access Project Application, Agreement and Affidavit

First Name: _____ Last Name: _____ Date: _____ Date of Birth: _____

Address: _____ City: _____ St: ___ Zip: _____

Phone number: _____ Email address: _____

Assistance is provided based on need, which is defined as household income that is 200% of poverty rate or lower.

I, _____ (print your name), in consideration of receiving assistance, and intending to be legally bound, state and agree to the following:

1. Representations and Warranties. In order to receive assistance under the Digital Access Project, I hereby represent and warrant that:

- a. I am a person with paralysis, or other disabling condition: _____
Please specify condition
- b. My household includes adults, and dependents.
- c. My monthly household gross income equals _____. **Household gross income** means the income of every family-member in the household who shares living expenses (e.g. parent, spouse, etc., NOT roommates), including earned income (wages or self emp) child support, gov't benefits (social security, SSD, SSI), military family allotments, strike benefits, unemployment comp, workers comp, investment income (dividends, rental income, etc.), alimony, pension income, disability insurance, and VA benefits.

d. I receive the following benefits (check any that apply):

- | | |
|---|--|
| <input type="checkbox"/> Adult & Child Mental Health Case Mgt | <input type="checkbox"/> Extended Foster Care |
| <input type="checkbox"/> Food Support, like SNAP | <input type="checkbox"/> Pell Grant |
| <input type="checkbox"/> Financial Assistance such as GA and TANF | <input type="checkbox"/> Section 8, Federal Public Housing Assist. |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Low-income Home Energy Assit. Program (LIHEAP) | <input type="checkbox"/> Nat'l School Lunch Program |
| <input type="checkbox"/> Medicaid or Medical Assistance | |

AFFIDAVIT OF APPLICANT OR APPLICANT'S GUARDIAN

I, _____ (print name), have personal knowledge of the foregoing information provided on this Digital Access Project Application, Agreement, and Affidavit, and I affirm under penalty for perjury that all of the foregoing information regarding my (or my ward's) household size and gross income is true as of the date provided.

Applicant or Guardian's signature

Date

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Digital Access Project Initial Questionnaire

Name: _____ Phone: _____ Email: _____

1. I am a person with paralysis, or other physical disability. specify: _____
2. At home, do you have internet connection? Yes No If yes, what speed? _____
If yes, do you struggle or sacrifice to pay for your internet plan? Yes No
3. Is the Internet connection via cell phone only? Yes No I have a modem
4. Using your internet service, does it take a long time to load a web page?: Yes No
5. How many devices are connected to your internet service (e.g. phone, TV, Computer) _____
6. Do you have a device with at least an 8" screen that has internet connection? Yes No
7. Do you live in an area that has strong, 4G LTE cell phone coverage? Yes No
8. Do you live in an area that has cable television service? Yes No
9. Do you have trouble holding a cell phone due to limited hand function? Yes No
10. Do you have trouble using a smart phone or tablet to search the internet
due to limited hand function? Yes No
11. Any trouble using a mouse or mouse pad on a computer due to limited hand function? Yes No
12. With high speed internet access at home, I would do the following (check all that apply):
 Watch or participate in health and wellness activities
 Participate in telehealth visits with my healthcare providers
 Participate in support groups, or other groups that allow me to interact with people like me
 Attend educational classes
 Order groceries or other necessary items. (In Ky, people can use SNAP EBT card to order on line).
 Use smart home devices to help control my surroundings i.e., lights, locks on doors, etc.
 Other: _____