Intake Form

Use this form to collect general information about your community member's needs

*Required

Name of Community Member *
Your answer

Community Member Contact (phone/email) *
Your answer

Preferred Language
Your answer

What Kind of Device Are You Using? *
- Smartphone
- Tablet
- Laptop/Desktop
- I don't have a device
- Other:

Please describe if “Other”
Your answer

Type of Issue *
- Device Hardware (e.g. I need help turning on my smartphone)
- Home Connectivity (e.g. I need help finding an Internet Service Provider)
- Digital Skills (e.g. I need to get into my email)
- Research (e.g. I need help finding information about my neighborhood)
- Other:

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Please describe if “Other”
Your answer

How did you hear about this program? *
Your answer

Assigned Digital Navigator and Organization? *
Your answer

Additional notes
Your answer

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