DIGITAL NAVIGATORS

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:

INSTITUTE of Museum and Library SERVICES

NDIA
NATIONAL DIGITAL INCLUSION ALLIANCE
digitalinclusion.org

The City Library
THE SALT LAKE CITY PUBLIC LIBRARY SYSTEM

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