



# SENIORS IN SERVICE

1380 Greg Street, Suite 212 • Sparks, NV 89431 • [www.seniorsinservicenevada.org](http://www.seniorsinservicenevada.org)

Seniors in Service engages vibrant and experienced volunteers to enrich Northern Nevada communities one life at a time.

Dear SISConnect Applicant,

Thank you for requesting an application for a Kindle Fire 8” Tablet. This is a new program made possible with funding through the State of Nevada Aging and Disability Services Division and collaborative efforts with the Sanford Center for Aging at UNR and the Nevada CAN/NEST Collaborative.

During the COVID-19 pandemic quarantine, most of us safely isolated at home and were encouraged to order on-line grocery deliveries, attend virtual doctor’s appointments and to socialize through Zoom and Facebook. It is difficult to do all of these things if people do not have computers or “Smart” devices.

This is where we can help. We have three-hundred Kindle Fire 8” Tablets to distribute to individuals 60 years and older in Nevada. Special consideration is given to low-income and socially isolated individuals. We want you to be able to participate in telemedicine, social opportunities and to order groceries and supplies for delivery.

If you are selected to receive one of the Kindle Fire 8” tablets, we will provide you with some instructions and basic assistance on setting up your email (if needed), Facebook, Facebook Messenger and Zoom. Additional resource information will be given to you as well.

Thank you, again, for applying. Please feel free to contact our office for any questions or help with the application.

Sincerely,

Mary Brock, Executive Director  
(775) 358-2768

Foster Grandparent Program • Senior Companion Program • Caregiver Voucher Program  
775-358-2768 • 775-358-2322 • Fax 775-358-3633 • Fax 775-358-2783



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## SISConnect Kindle Fire 8” Tablet - Application

*Office Use Only*

<i>Office Use Only</i>	
Approved	
Declined	
Internet Voucher (Y or N)	
Packet	
SAMS	
QB	

Mary Brock – Phone# 775-358-2322 – Fax# 775-358-3633  
Email: [maryb@seniorsinservicenevada.org](mailto:maryb@seniorsinservicenevada.org)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Can you receive text messages on your cell phone?       YES       NO

Do you currently have an email address?       YES       NO

Email Address: \_\_\_\_\_

Primary Language:     English     Spanish     Other (specify) \_\_\_\_\_

Gender:     Male       Female

Marital Status:     Single     Married     Divorced     Widowed     Partner

Ethnicity:     Caucasian       Hispanic       Asian  
                   African-American       American Indian/Native Alaskan

Race:     White – Not Hispanic       Hispanic-Latino       Other \_\_\_\_\_

Are you:    A veteran/served in Armed Forces?       Yes       No

                  On State of Nevada Medicaid?       Yes       No

How did you hear about our Program? \_\_\_\_\_

## Monthly Income & Expenses

Rent/Mortgage: \_\_\_\_\_ Utilities: \_\_\_\_\_ Taxes: \_\_\_\_\_

Prescriptions: \_\_\_\_\_ Therapy: \_\_\_\_\_

Transportation (including auto insurance, fuel, taxi, public transportation) \_\_\_\_\_

Medical Expenses (including Doctor visits, insurance premiums and co-pays) \_\_\_\_\_

**Total Monthly Income:** \_\_\_\_\_ **Total Monthly Expenses:** \_\_\_\_\_

### *Staff Use Only:*

Annual Income: \_\_\_\_\_ Less Expenses: \_\_\_\_\_ Net Income: \_\_\_\_\_

During the quarantine, were you able to:

Attend medical appointments virtually?  YES  NO

Order groceries and other essential items for home delivery?  YES  NO

Socially connect with friends & family?  YES  NO

How do you rate your feelings of isolation?

Extreme  Very  Somewhat  A Little

Do you have access to WiFi (Wireless Internet) at your residence?  YES  NO

Do you need assistance accessing (paying for) WiFi (Wireless Internet)?  YES  NO

Do you have family/friend that can help with simple technology questions?  YES  NO

What interests you most about receiving a Kindle Fire Tablet (there are no wrong answers)?

Socializing with friends & family  Ordering goods online

Telehealth / Medical Appointments  Downloading books

Other (please specify) \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

*We want to thank the State of Nevada Aging and Disability Services Division, Sanford Center for Aging and Nevada CAN/NEST collaborative for making this program possible.*