**APPLICATION FOR NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE**

# Personal Information

Applicant Name (First, Middle Initial, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: **ND** Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address, if different (must include): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reservation, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Eligibility (check yes or no)

I have a severe hearing, speech, or physical impairment that makes using a telephone difficult.

Yes\_\_\_\_ No \_\_\_\_

I currently have or am in the process of getting phone service. Yes\_\_\_\_ No \_\_\_\_

I am over five (5) years old.

Yes\_\_\_\_ No \_\_\_\_

I have family income under the guidelines given below. Yes\_\_\_\_ No \_\_\_\_

 (Assistive reserves the right to request a copy of applicant’s

 federal tax return at a later date, if needed.)

Estimated Median Income for North Dakota

Fiscal Year 2017 (Jan. 1, 2017 to Dec. 31, 2017)

\**Based upon Administration for Children and Families, Office of Community Services, Division of Energy Assistance*

|  | **Severe Hearing/ Speech/ Physical Impairment** | **Deaf** |
| --- | --- | --- |
| # of Persons in Household\* | Estimated Median Income | 150% Estimated Median Income |
| 1 | $48,240 | $72,360 |
| 2 | $64,960 | $97,440 |
| 3 | $81,680 | $122,520 |
| 4 | $98,400 | $147,600 |
| 5 | $115,120 | $172,680 |
| 6 | $131,840 | $197,760 |

\*If more than 6 in household, call for income limit. \*\* Updated 1/31/2017.

# Contact Person

If you would prefer we contact someone else regarding your application, please complete the contact information below.

Contact Name and Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Equipment Questions

I have difficulties with (check all that apply):

\_\_\_\_ hearing on the phone

\_\_\_\_ hearing the phone ring

\_\_\_\_ speaking (being heard or understood) on the phone

\_\_\_\_ holding or picking up the phone

\_\_\_\_ seeing the numbers/ buttons on the phone

\_\_\_\_ dialing the phone

Please describe your difficulty using the phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently wearing a hearing aid(s)?

Yes \_\_\_\_\_ No \_\_\_\_

Do you have a cochlear implant?

Yes \_\_\_\_\_ No \_\_\_\_

If you know what equipment you need, please check it below:

\_\_\_\_ Teletypewriter (TTY)

\_\_\_\_ Amplified phone

\_\_\_\_ Captioned phone

\_\_\_\_ Captioned phone with large display

\_\_\_\_ Cordless phone

\_\_\_\_ Cell phone adaptation

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are requesting a captioned telephone, do you have internet service in your home?

Yes \_\_\_\_\_ No \_\_\_\_

If you are requesting a cell phone adaptation, what make and model of cell phone do you currently have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a vision impairment, do you have a color preference, i.e. black text on white background, white text on black background?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this program? \_\_\_\_ Brochure \_\_\_\_ Newspaper \_\_\_\_ TV ad

\_\_\_\_ Internet ad \_\_\_\_ Radio ad \_\_\_\_Word of mouth \_\_\_\_ Assistive website \_\_\_\_ Presentation \_\_\_\_ Doctor \_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The preceding facts I have provided are true and complete to the best of my knowledge. (If under 18, applicant and parent/ guardian must sign.)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_

(Applicant Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

(Parent/ guardian, if applicable)

# Condition of Acceptance of Telecommunications Device

## Use and Care

I agree to protect this equipment against damage caused by dust, dirt, weather, and physical abuse.

## Damage

If the equipment is damaged, I will not try to take it apart. I will return the equipment to Assistive.

## Theft

If the equipment is stolen, I will report it to the police. A copy of the police report must be given to Assistive before I can get replacement equipment.

## Loss

If I lose my equipment, I must report the loss to Assistive. I understand that I may not receive replacement equipment.

## Travel

I understand that this equipment is the property of the State of North Dakota. I can travel out of North Dakota with my equipment for short trips and vacations. Any out-of-state travel with my equipment for more than 90 days requires written permission from Assistive.

## Change of Address

If I move to another place in North Dakota, I have ten (10) days to report my new address to Assistive. If I plan to move to another state, I must return the equipment to Assistive. This must be done before I leave North Dakota. I understand that if I do not return this equipment, I may be charged with a misdemeanor or felony theft charge according to the ND Century Code 12, 1-23-07.

## State Property

I understand that this equipment is property of the State of North Dakota and as such, I will not sell it. I will not give or loan it to others not in my immediate family. If I sell my equipment, I can be criminally prosecuted.

## Liability

I agree to accept responsibility for said equipment and all claims, damages, and/or expenses caused by the use or misuse of said equipment by myself or anyone else.

## Denial

If I do not keep these terms of conditions of acceptance, I can be denied the privilege of having telecommunications equipment provided by the State of North Dakota.

## Death

In the event of my death, the executor or other responsible party must return the equipment to Assistive within thirty (30) days.

## Repair

Assistive is responsible for all reasonable expenses to maintain and repair my equipment. If my equipment is damaged, lost, or destroyed because of negligence or abuse, I must pay for replacing or repairing the equipment.

*Having read the above and conditions and having them explained to me I agree to comply with all of the conditions.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applicant Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/ guardian, if applicable)

This project is supported by funding granted through the North Dakota Department of Human Services, Aging Services Division.

# Mailing Instructions

Please complete pages 1-3 and sign pages 3 and 5.

Mail completed application to:

Assistive/ TEDS

3240 15th St S, Suite B

Fargo, ND 58104

Application may also be faxed to 701-365-4728 Attn.: TEDS

For questions, please call 800-895-4728 or 701-365-4728 or email info@ndassistive.org

\*\*\*Alternative formats of this application are available upon request.\*\*\*