INCOME ELIGIBILITY

If you **DO NOT** meet the income requirements below **DO NOT** fill out this application! Please contact the ND Assistive offices at 1-800-895-4728 for other options that may be available to you.

Estimated Median Income for North Dakota Fiscal Year 2020
(January 1, 2020 to December 31, 2020)
*Based upon Administration for Children and Families,
Office of Community Services, Division of Energy Assistance

<table>
<thead>
<tr>
<th>3# of Persons in Household*</th>
<th>Severe Hearing/ Speech/ Physical Impairment</th>
<th>Deaf</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimated Median Income</td>
<td>150% Estimated Median Income</td>
</tr>
<tr>
<td>1</td>
<td>$51,040</td>
<td>$76,560</td>
</tr>
<tr>
<td>2</td>
<td>$68,960</td>
<td>$103,440</td>
</tr>
<tr>
<td>3</td>
<td>$86,880</td>
<td>$130,320</td>
</tr>
<tr>
<td>4</td>
<td>$104,800</td>
<td>$157,200</td>
</tr>
<tr>
<td>5</td>
<td>$122,720</td>
<td>$184,080</td>
</tr>
<tr>
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<td>$140,640</td>
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</tbody>
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*If more than 6 in household, call for income limit.


ND Assistive-Fargo – 3240 15th Street South, Ste. B – Fargo, ND 58104
ND Assistive-Mandan – 2401 46th Avenue SE, Ste. 203 – Mandan, ND 58554
APPLICATION FOR NORTH DAKOTA
TELECOMMUNICATIONS EQUIPMENT
DISTRIBUTION SERVICE

Personal Information - Required
Applicant Name (First, Middle Initial, Last): _________________________________________
Date of Birth: ______________________ Gender: ____ Female   ____ Male   ____ Unknown
Street Address: ______________________________________________________________
City: ______________________________________________ State: ND Zip: _____________
Mailing Address, if different (must include): _________________________________________
County: ___________________________ Reservation, if applicable: ________________
Phone: Home (____) ____________________  Cell (____) ____________________________
Email Address: _______________________________________________________________

Demographic Information - Required
What is your ethnicity?
___ Hispanic or Latino
___ Not Hispanic or Latino
___ Unknown

What is your race?
___ American Indian/ Native Alaskan
___ Asian
___ Black/ African American
___ Native Hawaiian/ Other Pacific Islander
___ Non-Minority (White, non-Hispanic)
___ White-Hispanic
___ Other

What is your primary language?
___ English
___ Other

Do you feel socially isolated?
___ No
___ Yes

Is your income below the national poverty level? (see chart below) ___ Yes   ___ No

2020 HHS Poverty Guidelines

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States and D.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,760</td>
</tr>
<tr>
<td>2</td>
<td>17,240</td>
</tr>
<tr>
<td>3</td>
<td>21,720</td>
</tr>
<tr>
<td>4</td>
<td>26,200</td>
</tr>
<tr>
<td>5</td>
<td>30,680</td>
</tr>
<tr>
<td>6</td>
<td>35,160</td>
</tr>
<tr>
<td>7</td>
<td>39,640</td>
</tr>
<tr>
<td>8</td>
<td>44,120</td>
</tr>
</tbody>
</table>

For each additional person, add 4,480
APPLICATION FOR NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE

Physical Information
Do you have problems with cognition or memory? ___ No ___ Yes ___ Do Not Know
Do you have problems with dexterity? ___ No ___ Yes ___ Do Not Know
Do you have problems with vision? ___ No ___ Yes ___ Do Not Know
Do you have problems with hearing? ___ No ___ Yes ___ Do Not Know
Do you have problems with speech? ___ No ___ Yes ___ Do Not Know

Equipment Questions
I have or am in the process of getting land line service? ___ No ___ Yes ___ Not Applicable
I have or am in the process of getting cell phone service? ___ No ___ Yes ___ Not Applicable
I have internet access in my home/residence? ___ No ___ Yes ___ Not Applicable
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 wear 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
    ___ Cordless phone
    ___ Captioned phone
    ___ Captioned phone with large display
    ___ Cell phone adaptation
    ___ Other ________________________________

If you are requesting a cell phone adaptation, what make and model of cell phone do you currently have? _______________________________________________
APPLICATION FOR NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE

Eligibility (check yes or no)

- I have a severe hearing, speech, vision, and/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 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.)

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*If more than 6 in household, call for income limit.

** Guidelines were updated February 14, 2020.

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: ________________________________________________________

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)

Mailing Instructions
Before Mailing: Please complete pages 2-4 and sign pages 4 and 6.

Submit completed application by mail to:
Assistive/ TEDS
3240 15th St S; Suite B
Fargo, ND 58104

Submit completed application by email to:
teds@ndassistive.org

Submit completed application by fax to:
701-365-6242 Attn: TEDS

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

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

Updated: 3/25/2020 – A.G.