APPLICATION FOR NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE

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 2021
(January 1, 2021 to December 31, 2021)

*Based upon Administration for Children and Families, Office of Community Services, Division of Energy Assistance Guidelines updated as of January 20, 2021

<table>
<thead>
<tr>
<th># of Persons in Household</th>
<th>Severe Hearing/ Speech/ Physical Impairment</th>
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<td>For each additional person, add</td>
<td>$18,160</td>
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Source: U.S. Department of Health and Human Services

ND Assistive Office Locations (Please call ahead)

3240 15th Street South, Ste. B – Fargo, ND 58104 – 701-365-4728
2401 46th Avenue SE, Ste. 203 – Mandan, ND 58554 – 701-258-4728

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

Submit completed application by mail to:
ND Assistive/ TEDS
2401 46th Ave. SE, Suite 203
Mandan, ND 58554

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

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

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***
APPLICATION FOR NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE

Application Date: ______________

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

Do you feel socially isolated?
___ No
___ Yes

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

<table>
<thead>
<tr>
<th>2021 HHS Poverty Guidelines</th>
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<tr>
<td>Size of Family Unit</td>
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<tr>
<td>----------------------</td>
</tr>
<tr>
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For each additional person, add $4,540

Updated: 1/01/2021 - GS
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? ___________________________________________________________
____________________________________________________________________________

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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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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/Power of Attorney, 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/Power of Attorney, if applicable)

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

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