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 2022
(January 1, 2022 to December 31, 2022)
*Based upon Administration for Children and Families, Office of Community Services, Division of Energy Assistance Guidelines updated as of January 18, 2022

<table>
<thead>
<tr>
<th># 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>$54,360</td>
<td>$81,540</td>
</tr>
<tr>
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<td>$129,880</td>
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<td>$148,760</td>
<td>$223,140</td>
</tr>
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<td>7</td>
<td>$167,640</td>
<td>$251,460</td>
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<tr>
<td>8</td>
<td>$186,520</td>
<td>$279,780</td>
</tr>
<tr>
<td>For each additional person, add</td>
<td>$18,880</td>
<td>$28,320</td>
</tr>
</tbody>
</table>

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
4501 Coleman Street, Ste. 107 – Bismarck, ND 58503 – 701-258-4728

Before Submitting: Please complete pages 2-4 and sign pages 4 and 6. Applications are not considered complete until they have been signed in all required areas.

Submit completed application by mail to:
ND Assistive/ TEDS
4501 Coleman Street, Suite 107
Bismarck, ND 58503

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

What is your gender identity? ___ Non-Disclosure ___ Female ___ Male ___ Transgender-Female ___ Transgender-Male

Street Address: __________________________________________________________

City: __________________________________________ State: ND Zip: ____________

Mailing Address, if different (must include): __________________________________________

County: ____________________________ Reservation, if applicable: __________________

Phone: Home (___) ____________________________ Cell (___) ____________________________

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: __________________________________________________________

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 live alone?

___ No

___ Yes

Do you feel socially isolated?

___ No

___ Yes

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

<table>
<thead>
<tr>
<th>2022 HHS Poverty Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of Family Unit</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
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For each additional person, add $4,720
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____

(Applicant 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: _________________________________________________________

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)
APPLICATION FOR NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE

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 ND Assistive.

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

Loss
If I lose my equipment, I must report the loss to ND 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 ND Assistive.

Change of Address
If I move to another place in North Dakota, I have ten (10) days to report my new address to ND Assistive. If I plan to move to another state, I must return the equipment to ND 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.

Updated: 1/18/2022 – G.S.
Death
In the event of my death, the executor or other responsible party must return the equipment to ND Assistive within thirty (30) days.

Repair
ND 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.

____________________________________
(Applicant Signature)
Date: _______________________________ 

(Parent/Guardian/Power of Attorney, if applicable)
Date: _______________________________

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

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