

**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*

	Severe Hearing/ Speech/ Physical Impairment	Deaf
# of Persons in Household*	Estimated Median Income	150% Estimated Median Income
1	\$54,360	\$81,540
2	\$73,240	\$109,860
3	\$92,120	\$138,180
4	\$111,000	\$166,500
5	\$129,880	\$194,820
6	\$148,760	\$223,140
7	\$167,640	\$251,460
8	\$186,520	\$279,780
For each additional person, add	\$18,880	\$28,320

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

For questions:

Please call 800-895-4728 or 701-365-4728 or email
teds@ndassistive.org

Submit completed application by fax to:

701-365-6242 Attn: TEDS

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

Submit completed application by email to:

teds@ndassistive.org

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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

Do feel socially isolated?

- No
- Yes

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

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

2022 HHS Poverty Guidelines	
Size of Family Unit	Poverty Guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For each additional person, add \$4,720	

What is your primary language?

- English
- Other

Do you live alone?

- No
- Yes

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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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Source: [U.S. Department of Health and Human Services](https://www.hhs.gov/healthcare/eligibility-requirements)

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)

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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.

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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.

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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