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>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>$54,360</td>
<td>$81,540</td>
</tr>
<tr>
<td>2</td>
<td>$73,240</td>
<td>$109,860</td>
</tr>
<tr>
<td>3</td>
<td>$92,120</td>
<td>$138,180</td>
</tr>
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<td>4</td>
<td>$111,000</td>
<td>$166,500</td>
</tr>
<tr>
<td>5</td>
<td>$129,880</td>
<td>$194,820</td>
</tr>
<tr>
<td>6</td>
<td>$148,760</td>
<td>$223,140</td>
</tr>
<tr>
<td>7</td>
<td>$167,640</td>
<td>$251,460</td>
</tr>
<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: US Department of Health and Human Services
ND Assistive Office Locations (Please call ahead)

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

MAILING INSTRUCTIONS

Before Mailing: Please complete pages 3-8 and sign pages 8 and 11.

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

Personal Information – Required

Application Date: _______________

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 _____ND 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?
___Yes ___No ___Unknown

Do you feel socially isolated?
___ Yes ___ No

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

2022 HHS Poverty Guidelines

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$13,590</td>
</tr>
<tr>
<td>2</td>
<td>$18,310</td>
</tr>
<tr>
<td>3</td>
<td>$23,030</td>
</tr>
<tr>
<td>4</td>
<td>$27,750</td>
</tr>
<tr>
<td>5</td>
<td>$32,470</td>
</tr>
<tr>
<td>6</td>
<td>$37,190</td>
</tr>
<tr>
<td>7</td>
<td>$41,910</td>
</tr>
<tr>
<td>8</td>
<td>$46,630</td>
</tr>
</tbody>
</table>

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

Updated: 6/30/2021 – G.S.
APPLICATION FOR NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE

_____ 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?

_________________________________________________

Updated: 6/30/2021 – G.S.
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.)*

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*

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*If more than 6 in household, call for income limit.*
** Guidelines were updated January 20, 2021.

**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, 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 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.
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, if applicable)

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