**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 2023

(January 1, 2023 to December 31, 2023)

\**Based upon Administration for Children and Families,*

*Office of Community Services, Division of Energy Assistance*

*Guidelines updated as of January 12, 2023*

|  | **Severe Hearing/ Speech/ Physical Impairment** | **Deaf** |
| --- | --- | --- |
| 3# of Persons in Household\* | Estimated Median Income | 150% Estimated Median Income |
| 1 | $58,320 | $87,480 |
| 2 | $78,880 | $118,320 |
| 3 | $99,440 | $149,160 |
| 4 | $120,000 | $180,000 |
| 5 | $140,560 | $210,840 |
| For each additional person, add | $20,560 | $30,840 |

Source: [US Department of Health and Human Services](https://aspe.hhs.gov/poverty-guidelines)

**ND Assistive Office Locations (Please call ahead)**

**Fargo – 3240 15th St. South, Ste. B, Fargo, ND 58104 – 701-365-4728**

**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**](mailto:teds@ndassistive.org)

**For Questions:**

Please call 800-895-4728 or 701-365-4728 or email [teds@ndassisstive.org](mailto:teds@ndassisstive.org)

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

# 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 feel socially isolated?

\_\_\_ Yes \_\_\_ No

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

**2023 HHS Poverty Guidelines**

| Size of Family Unit | Poverty Guideline |
| --- | --- |
| 1 | $14,580 |
| 2 | $19,720 |
| 3 | $24,860 |
| 4 | $30,000 |
| 5 | $35,140 |
| For each additional  person, add | $5,140 |

# 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:

[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?

[If you are requesting a cell phone adaptation, what make and model of cell phone do you currently have?]

# 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 2023 (January 1, 2023 to December 31, 2023)

\**Based upon Administration for Children and Families,*

*Office of Community Services, Division of Energy Assistance*

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\*If more than 5 in household, call for income limit.

\*\* Guidelines were updated January 12, 2023.

# 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.

# Please read Mailing Instructions on the following page

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