NORTH DAKOTA ASSISTIVE

Application for North Dakota's Telecommunications Equipment Distribution Service (TEDS)

INCOME ELIGIBILITY

Your income must be ***at or below*** the estimate given for your household size. 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 2025
(Effective January 11, 2025)
**Based upon Administration for Children and Families, Office of Community Services, Division of Energy Assistance*

	Severe Hearing/ Speech/ Physical Impairment	**Deaf**
Number of Persons in Household*	Estimated Median Income	150% Estimated Median Income
1	$62,600	$93,900
2	$84,600	$126,900
3	$106,600	$159,900
4	$128,600	$192,900
5	$150,600	$225,900
For each additional person, add	$22,000	$33,000

Source: US Department of Health and Human Services

Updated: 3/2025 – G.S.

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

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@ndassisstive.org

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

FOR OFFICE ONLY: Date Received:_____ Qualifies:_____ Consultant:_____ Apricot:_____

Application for North Dakota's Telecommunications Equipment Distribution Service (TEDS)

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

Applicant Street Address: _____

City: _____State: ND Zip: _____

Mailing Address, if different (must include): _____

_____

County:_____ Reservation, if applicable: _____

Applicant Phone: Home (____) _____

Cell (____) _____

Applicant Email Address: _____

How did you hear about this program?☐Brochure ☐Newspaper ☐TV Ad ☐Internet Ad ☐Radio Ad ☐Word of Mouth ☐Presentation ☐Medical Professional ☐ND Assistive website ☐ Other_____ ☐ND Assistive Consultant _____

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 at or below the national poverty level? (*see chart below*) ☐ Yes ☐ No

2025 HHS Poverty Guidelines (effective January 11, 2024)	
Size of Family Unit	**Poverty Guideline**
1	$15,650
2	$21,150
3	$26,650
4	$32,150
5	$37,650
For each additional person, add	$5,500

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? _____

_____

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 **at or 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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3	$106,600	$159,900
4	$128,600	$192,900
5	$150,600	$225,900
For each additional person, add:	$22,000	$32,280

North Dakota Fiscal Year 2025 (Effective January 11, 2025)
Source: U.S. Department of Health and Human Services

Professional Contact Person (Social Worker, Hearing Outreach, Vision Outreach, Case Manager., Etc…)

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: _____

Alternate Contact Person (Family, Friend, etc…)

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 the 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 Conditions of Acceptance and having them explained to me I agree to comply with each 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.

Before Submitting: Please complete pages 3-8 and sign pages 9 and 11. Applications are not considered complete until they have been signed in all required areas.

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