

APPLICATION FOR NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE

Personal Information

Applicant Name (First, Middle Initial, Last): _____

Date of Birth: _____ Last Four Digits of Social Security Number: _____

Street Address: _____

City: _____ State: ND Zip: _____

Mailing Address, if different (must include): _____

County: _____ Reservation, if applicable: _____

Phone: Home (____) _____ Cell (____) _____

Email Address: _____

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 am over five (5) years old. 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 2018 (January 1, 2018 to December 31, 2018)

**Based upon Administration for Children and Families, Office of Community Services, Division of Energy Assistance*

	Severe Hearing/ Speech/ Physical Impairment	Deaf
# of Persons in Household*	Estimated Median Income	150% Estimated Median Income
1	\$48,560	\$72,840
2	\$65,840	\$98,760
3	\$83,120	\$124,680
4	\$100,400	\$150,600
5	\$117,680	\$176,520
6	\$134,960	\$202,440

*If more than 6 in household, call for income limit.

** Guidelines were updated January 13, 2018.

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: _____

Equipment Questions

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 captioned telephone, do you have internet service in your home?

Yes _____ No _____

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

Demographic Questions - 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

In which type of residence do you reside?

- House
- Private Apartment
- Senior Housing
- Assisted Living
- Other: _____

Do you own or rent your residence?

- Own
- Rent
- Other

What is your current living arrangement?

- Live alone
- With spouse/partner
- With spouse and child/children
- With child/children
- Other

Is your income below the national poverty level? (Refer to chart below)

Yes

No

2018 HHS Poverty Guidelines	
Size of Family Unit	48 Contiguous States and D.C.
1	\$12,140
2	16,460
3	20,780
4	25,100
5	29,420
6	33,740
7	38,060
8	42,380
For each additional person, add	4,320

Do you feel socially isolated? Yes No

How did you hear about this program? Brochure Newspaper TV ad
 Internet ad Radio ad Word of mouth Assistive website Presentation
 Doctor Other: _____

*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 Assistive.

Theft

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

Loss

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

Change of Address

If I move to another place in North Dakota, I have ten (10) days to report my new address to Assistive. If I plan to move to another state, I must return the equipment to 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 Assistive within thirty (30) days.

Repair

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.

Mailing Instructions

Please complete pages 1-4 and sign pages 4 and 6.

Mail completed application to:

Assistive/ TEDS

3240 15th St S; Suite B

Fargo, ND 58104

Application may also be faxed to 701-365-6242 Attn.: TEDS

For questions, please call 800-895-4728 or 701-365-4728 or email info@ndassistive.org

Alternative formats of this application are available upon request.