



relay.utah.gov

New Technology Equipment Distribution Program (NTEDP)

Relay Utah has created a limited pilot program to explore the feasibility of using wireless devices to address telecommunication needs for deaf or hard of hearing and speech challenged individuals.

Wireless devices are limited and are available on a “first come, first served” basis for qualified applicants.

If applying for a wireless device that requires a service data plan, you must have a service data plan in place and are responsible for setup and costs associated with the service data plan.

Mail to:
 Public Service Commission Heber
 M. Wells Bldg. 4th Floor 160 E.
 300 S. Salt Lake City, UT 84111



Salt Lake Area: 801-715-3470
 Toll Free: 866-772-8824
 Fax: 801-530-6796
 Website: relay.utah.gov
 Email: relay@utah.gov

Application

Primary Form of Communication
 (Please check or circle)
 American Sign Language
 English
 Spanish

Section A

Applicant Information

Full Name (Please print)	Area Code & Phone Number
Alternate Phone Number with Area Code	Date of Birth (Month/Day/Year)
Street Address (apartment number if necessary)	City, State, Zip Code:
Post Office Box (if necessary)	Cell Phone Number
Service Provider (e.g. Comcast, Verizon, etc.)	E-mail Address

How did you hear about Relay Utah: T.V. Google Search Facebook
 Other Relay Utah Website

Provide alternate contact information a

Alternate Contact Name	Relationship	Area Code & Phone Number
Address City, State, Zip code		

Section B

Eligibility

Please attach documentation that you are receiving assistance from a public assistance program administered by a state agency or have an income of 200% or less than the Federal Poverty Guideline.

Public Assistance Programs

Below are some public assistance programs in Utah. More information on public assistance programs can be found at jobs.utah.gov.

- Medicaid
- Children’s Health Insurance Program (CHIP)
- Utah Telephone Assistance Program (UTAP/Lifeline)
- Supplemental Nutritional Assistance Program (SNAP)
- Temporary Assistance to Needy Families (TANF)
- Aid to Families with Dependent Children (AFDC)
- Home Energy Assistance Target Program (HEAT)

Income Requirements

If you are not on a public assistance program administered by a state agency, please provide documentation showing that your income qualifies for the Relay Utah program. Documentation can include income tax returns and payroll stubs. When submitting documentation, please redact (black out) any sensitive information including account and social security numbers.

Maximum Household Income Allowed to Qualify

Household Size	Monthly Income	Annual Income
1	\$2,023	\$24,280
2	\$2,743	\$32,920
3	\$3,463	\$41,560
4	\$4,183	\$50,200
5	\$4,903	\$58,840

Section C

Questionnaire

The responses below will assist the Relay Utah Program in determining eligibility and better match qualified applicants to wireless telecommunication devices.

1. Hard of Hearing?

Yes

No

2. Deaf?

Yes

No

3. Deaf and Blind?

Yes

No

4. Speech Disabled?

Yes

No

5. Low Vision or Blind?

Yes

No

6. Do you already have a phone through the Relay Utah program?

Yes

No

7. Are you currently using a medical device or alarm system?

Note: Relay Utah cannot install telecommunication devices into medical alert and alarm systems.

Yes

No

8. Mobility Impaired (upper body, lower body, both)?

Yes

No

If yes, please describe _____

9. Are there any medical concerns that should be known when using a wireless telecommunication device?

Yes

No

10. Do you own a wireless device or another type of wireless device?

Yes

No

If yes, what is the name of the wireless device? _____

If you marked **Yes**, please explain why it does not meet your needs. _____

11. Do you have family members who own a wireless device?

Yes

No

If yes, what is the name of the wireless device? _____

12. Do you currently subscribe to a cellular plan that includes a data plan?

Yes

No

If yes, what is the name of the cellular provider. _____

If no, are you able to obtain a cellular plan that includes a data plan?

Yes

No

13. Do you currently have access to the Internet with Wi-Fi?

Yes

No

14. Have you used Accessibility Apps on a wireless device?

Yes

No

If yes, which Apps do you use the most? _____

Examples of Accessibility Apps:

- Captioning Apps
- Video Relay Apps
- Alternative Augmentative Communications (AAC) Apps

15. Are you willing to meet with a Relay Utah representative at the Relay Utah office at 168 N. 1950 W., Suite 103, Salt Lake City in determining the best type of wireless device and training for your needs?

Yes

No

16. If you cannot meet at the Relay Utah office, are you willing to meet with a Relay Utah representative in your home or at another location?

Yes

No

If yes, what location would serve you best? _____

NOTE: iPads and Tablets typically are not used as a telephone for placing or receiving calls.

Section D

Terms and Conditions

Please Read and Sign the form to affirm that you understand and agree to comply with the following conditions upon acceptance of your wireless device.

- All wireless devices are the property of the State of Utah. I will use my wireless device in compliance with Utah laws and regulations.
- I am responsible to pay the service costs related to the use of my wireless device, including Wi-Fi or cellular phone data service. The Public Service Commission (PSC) is not responsible for the setup, costs, compatibility, and performance of telecommunication service and data plans with issued wireless devices.
- I will participate in an entrance interview.
- I will complete online surveys as instructed.
- I will not offer for sale, sell, give away, or loan my wireless device to anyone. I am financially responsible for any damage to my wireless device that is not caused by normal wear and tear, acts of nature, or natural disaster.
- I am responsible for the appropriate care of my wireless device.
- I am responsible for the purchase and cost of wireless device supplies, including headphones, batteries and chargers.
- I will not remove the protective case from my wireless device. I will not damage or deface my wireless device. For example, I will not remove the label identifying my wireless device as the property of the state of Utah. Similarly, I will not alter the laser etching or make any other adaptations.
- I understand that my wireless device has Mobile Device Management software (MDM) installed. The PSC and PSC vendors use MDM software to protect the wireless device owned by the State of Utah if lost or stolen, and perform remote diagnostics and updates to the wireless device as needed.
- If my wireless device is stolen, I will notify local law enforcement within 24 hours of the time the theft is discovered. I will provide a copy of the police report to the PSC within thirty (30) days of the date that I reported the theft.
- If floods, storms, fire, or other acts of nature damage my wireless device, I will submit a fire department report, insurance report, police report, or other appropriate report about the event to the PSC within thirty (30) days after the date the event occurred.
- If I move to a new address in Utah, I will report my new address to the PSC within thirty (30) days of the move.
- I will return my wireless device to the PSC before I permanently move out of Utah.
- I am liable for the replacement cost of any wireless device I fail to return before moving out of Utah.
- If I have signed this Agreement on behalf of a minor or as a guardian for an adult, I will notify the PSC about a change in responsibility within thirty (30) days of the event (i.e., if the minor turns 18 or there is a change of guardianship).
- I understand that all wireless devices are provided on a "first come, first served" basis and that wireless devices may change or discontinue.
- Only one wireless device is allowed and exchanges and returns are not permitted.

I agree to the above Terms and Conditions

Signature of Applicant	Printed Name	Date
Signature of Parent or Legal Guardian (if under 18)	Printed Name	Date

Section E

PROFESSIONAL CERTIFICATION

The following can certify this application (please check one)

Physician

Otolaryngologist

Audiologist

Speech Language Pathologist

Qualified State Agency

Please check one of the following impairment(s)

Deaf

Hearing Loss

Speech Impairment

If applicable, please include an audiogram

Certifying Name (please print)
State License (if applicable)
Address (Street, City, State, and Zip Code)
Phone Number
Email Address
Signature of Certifying Authority

All statements I have made in this application are true and correct to the best of my knowledge

- Provide a copy of the Power of Attorney/Guardianship documentation if signing on behalf of the Applicant.

Signature of Applicant	Printed Name	Date
Signature of Parent or Legal Guardian (if under 18)	Printed Name	Date

Check List:

I have completed Section A (Applicant Information)

I have completed Section B (Eligibility)

I have completed Section C (Questionnaire)

I have completed Section D (Terms and Conditions)

I have completed Section E (Professional Certification has been completed and signed by a Certifying Authority)

I have signed the Application