

Mail to:
 Public Service Commission
 Heber M. Wells Bldg. 4th Floor
 160 East 300 South
 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

Primary Form of Communication (please circle one)
American Sign Language English Spanish

Please fill out pages 1-3 and have page 4 completed by a professional certifying authority

APPLICANT'S PERSONAL INFORMATION (PRINT LEGIBLY)

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 applicable)	City, State, Zip Code
Post Office Box (if necessary)	E-mail Address

A CONTACT PERSON WHO WILL BE PRESENT DURING MY APPOINTMENT AND/OR WHO CAN BE CONTACTED TO SET UP AN APPOINTMENT:

Full Name	Relationship	Area Code & Phone Number
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Please check type of phone you are interested in: Corded Cordless Neck Loop Cell Phone Accessories

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

Relay Utah Website Other

I will return the loaned device to the Public Service Commission if and when I no longer reside in Utah or no longer need the device.

I understand it is my responsibility to obtain telephone service and pay all associated fees and charges.

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

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 examples of public assistance programs in Utah. More information concerning 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	Gross 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

Please Answer the Following Questions

YES	NO	Hard of Hearing?	YES	NO	Deaf?
YES	NO	Deaf and Blind?	YES	NO	Speech Disabled?
YES	NO	Low Vision or Blind			
YES	NO	Do you already have a phone through the Relay Utah Program?			
YES	NO	Do you presently have a landline phone service in your home?			
YES	NO	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	Mobility Impaired? Please explain. _____			

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 device.

- All devices are the property of the State of Utah. I will use my device in compliance with Utah laws and regulations.
- I am responsible to pay the service costs related to the use of my device.
- I will not offer for sale, sell, give away, or loan my device to anyone. I am financially responsible for any damage to my device that is not caused by normal wear and tear, acts of nature, or natural disaster.
- I am responsible for the purchase and cost of device supplies, including headphones, batteries, and chargers.
- I will not remove the label identifying my device as the property of the state of Utah identifying labels.
- If my 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 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 not take the device out of Utah for a period of time longer than 90 days unless the PSC gives written permission.
- I will return my device to the PSC office before I permanently move out of Utah.
- I am liable for the replacement cost of any 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 devices are provided on a “first come, first served” basis and that devices may change or discontinue.
- Only one device is allowed and exchanges and returns are not permitted.

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

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