

Mail to:  
Utah's Equipment Dist. Program  
C/O Public Service Commission  
Heber M. Wells Bldg. 4<sup>th</sup> 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: [www.relay.utah.gov](http://www.relay.utah.gov)  
Email: [relay@utah.gov](mailto:relay@utah.gov)

**Please fill out pages 1-2 and have page 3 completed by a medical professional.**

**APPLICANT'S PERSONAL INFORMATION (PRINT LEGIBLY)**

Full Name (Mr., Mrs., Ms.) (Please Print)	Area Code & Phone Number
Alternative 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 (optional)

**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

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 the State of Utah or no longer need the device.

**I understand it is my responsibility to obtain telephone service, and I assume the responsibility for payment of all associated fees and charges of that service.**

<b>Signature of Applicant</b>	Printed Name	Date
Signature of Parent or Legal Guardian (if under 18)	Printed Name	Date

Below are examples of Public Assistance Programs administered by the State of Utah

**Do you receive any of the following? Please select YES or NO:**

- YES NO Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)
- YES NO Medicaid
- YES NO Home Energy Assistance Target Program (HEAT)
- YES NO Utah Telephone Assistance Program (UTAP)
- YES NO Aid to Families with Dependent Children (AFDC)
- YES NO Supplemental Nutrition Assistance Program (SNAP)
- YES NO Refugee Assistance
- YES NO Temporary Assistance to Needy Families (TANF)
- YES NO Federal Public Housing assistance, including Section 8 Housing
- YES NO National School Lunch Program
- YES NO Children Health Insurance Program (CHIP)
- YES NO Do you already have a phone through the Relay Utah program?
- YES NO Do you presently have landline phone service in your home?
- YES NO Are you currently using a medical device or alarm system?

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

Total Household Income: \$ \_\_\_\_\_ /per month Total Number of Persons in Household: \_\_\_\_\_

**Maximum Household Income Allowed to Qualify**

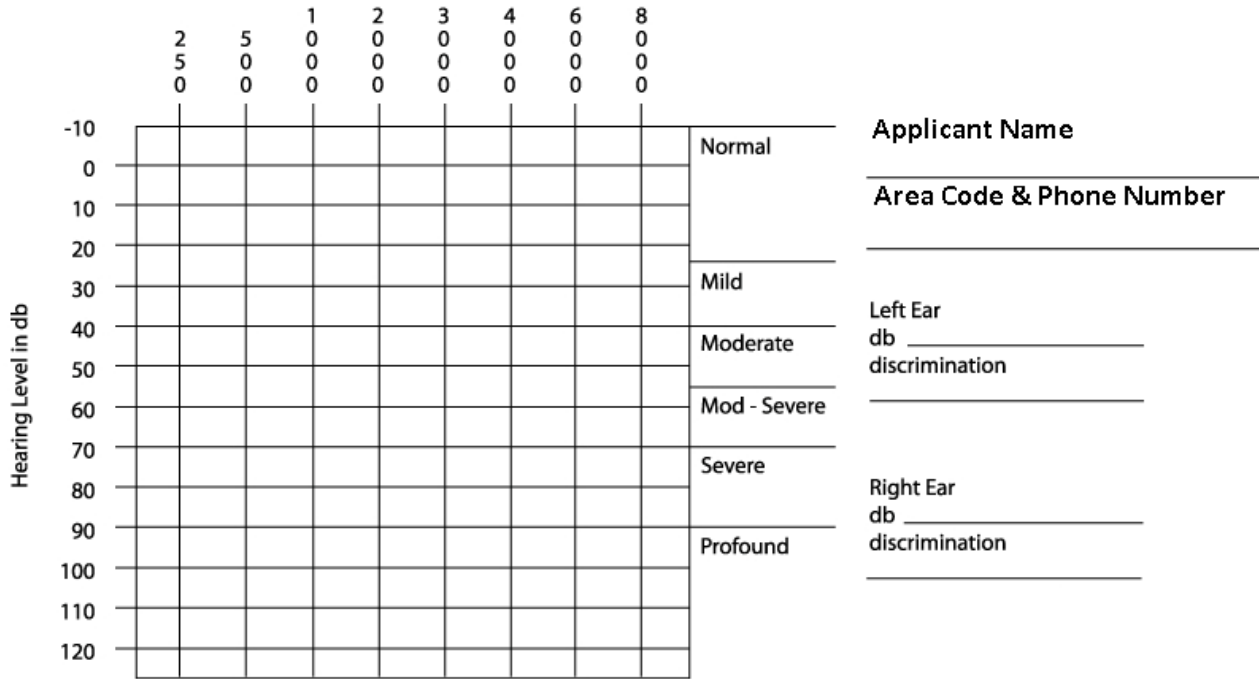
Household Size	Gross Monthly Income	Annual Income
1	\$2,023	\$24,280
2	\$2,743	\$32,920
3	\$3,463	\$41,560
4	\$4,183	\$50,200
5	\$4,903	\$58,840

**IN ORDER TO BETTER MEET YOUR NEEDS, PLEASE ANSWER THE FOLLOWING QUESTIONS:  
(SELECT YES OR NO) ARE YOU:**

- YES NO Hard of Hearing YES NO Speech Disabled
- YES NO Deaf YES NO Low Vision or Blind
- YES NO Deaf/Blind
- YES NO Mobility Impaired (upper body, lower body, Both) if “yes,” describe the severity: \_\_\_\_\_

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# PROFESSIONAL CERTIFICATION



**\*Note Professional Certifier: Please complete or attach audiogram**

Name of Certifier (Please Print)			
Office Address	City	Zip Code	Phone Number

*SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

**WHO CAN CERTIFY THIS APPLICATION?**

Medical Doctor – Any person permitted to practice medicine in the State of Utah.

Audiologist – A person who has a Master’s or Doctorate degree in Audiology and a Certificate of Clinical Competence (CCC) in Audiology issued by the American Speech Language Hearing Association (ASHA).

Speech Pathologist – A person who has a Master’s or Doctorate degree in Speech/Language Pathology and a CCC issued by ASHA.

Qualified State Agency Employee – A qualified state agency employee who can provide documentation of the disability.

