

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 check 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)	Email 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
-----------	--------------	--------------------------

Please check type of phone you are interested in: Corded Cordless Neck Loop Cell Phone Accessories

How did you hear about Relay Utah: TV Google Search Facebook

Relay Utah Website Other

I will return the loaned device to the Public Service Commission (PSC) 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.

Public Assistance Programs

Below are examples of public assistance programs in Utah.

- Medicaid
- Children’s Health Insurance Program (CHIP)
- Utah Telephone Assistance Program (UTAP/Lifeline)
- Supplemental Nutrition Assistance Program (SNAP)
- Home Energy Assistance Target Program (HEAT)

If you are not on a public assistance program, please provide documentation showing that your income qualifies for the Relay Utah program. Failure to submit requested documentation could result in denial or a delay in the application process.

Income Verification Documentation can include the following:

- Social Security Benefits statement from current year
- Social Security Disability Benefits statement (SSDI, SSD)
- Tax returns
- Payroll stubs

When submitting documentation, please redact (black out) any sensitive information including account and social security numbers.

Maximum Household Income Allowed to Qualify

*2021 Federal Poverty Guidelines

Household Size	Monthly Income	Annual Income
1	\$2,147	\$25,760
2	\$2,903	\$34,840
3	\$3,660	\$43,920
4	\$4,417	\$53,000
5	\$5,173	\$62,080
6	\$5,930	\$71,160

Total Number of Persons in household _____

Please Answer the Following Questions

<input type="checkbox"/> YES NO <input type="checkbox"/>	Hard of Hearing?	<input type="checkbox"/> YES NO <input type="checkbox"/>	Deaf?
<input type="checkbox"/> YES NO <input type="checkbox"/>	Deaf and Blind?	<input type="checkbox"/> YES NO <input type="checkbox"/>	Speech Disabled?
<input type="checkbox"/> YES NO <input type="checkbox"/>	Low Vision or Blind?		
<input type="checkbox"/> YES NO <input type="checkbox"/>	Do you already have a phone through the Relay Utah program?		
<input type="checkbox"/> YES NO <input type="checkbox"/>	Do you presently have landline phone service in your home?		
<input type="checkbox"/> YES NO <input type="checkbox"/>	Are you currently using a medical device or alarm system? Note: Relay Utah cannot install telecommunications devices into medical alert and alarm systems.		
<input type="checkbox"/> YES NO <input type="checkbox"/>	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 the loaned device.

- All devices are the property of the State of Utah. I will use the device in compliance with Utah laws and regulations.
- I am responsible to pay the service costs related to the use of the device.
- I will not sell, give away, or loan the device to anyone. I am financially responsible for any damage to the device that is not caused by normal wear and tear, acts of nature, or natural disasters.
- I am responsible for the purchase and cost of device supplies, including headphones, batteries, and chargers.
- I will not remove the label identifying the device as the property of the State of Utah.
- If the 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 30 days of the date that I reported the theft.
- If floods, storms, fire, or other acts of nature damage the device, I will submit a fire department report, insurance report, police report, or other appropriate report about the event to the PSC within 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 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 the device to the PSC’s office before permanently moving 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 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 be discontinued.
- 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

Please remember to include documentation of income or proof of receiving public assistance with the application. Failure to submit requested documentation could result in denial or a delay in the application process.

PROFESSIONAL CERTIFICATION

Please have one of the following professionals certify this application:

(please check one)

- Licensed Physician
- Licensed Physician Assistant
- Otolaryngologist
- Audiologist
- Speech Language Pathologist
- Qualified State Agency

Please check one of the following impairments:

- Deaf Hearing Loss Speech Impairment

If applicable, please include an audiogram.

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