

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	Email Address
Street Address (apartment number if applicable)	
City, State, Zip Code	Post Office Box (if necessary)

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 Amplifier

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

ELIGIBILITY

Please attach documentation that you are receiving assistance from a public assistance program administered by a State of Utah agency.

Examples of Public Assistance Programs

- 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 income verification documentation showing that your income qualifies for the Relay Utah Program. (See chart below)**

Examples of Income Documentation

- Social Security Benefits statement from most recent year
- Tax returns
- Payroll stubs

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

Maximum Household Income Allowed to Qualify

***2025 Federal Poverty Guidelines**

Household Size	Annual Income
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300

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"/>	Low Vision or Blind?
<input type="checkbox"/> YES	NO <input type="checkbox"/>	Speech Disabled?
<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.

- I am responsible for the purchase and cost of device supplies, including headphones, batteries, and chargers.
- I am responsible for any damage to the device that is not caused by normal wear and tear, acts of nature, or natural disasters.
- I will not sell, give away, or loan the device to anyone.
- If a device requires repair or replacement, I will contact the PSC for instructions.
- I understand that all devices are provided on a “first come, first served” basis and that devices may change or be discontinued.
- I will not remove the device from the state for a period of time longer than 90 days unless I obtain written consent from the PSC.
- I will contact the PSC if I no longer qualify for the program.
- 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 contact the PSC before moving outside of Utah.
- I am liable for the replacement cost of any device I fail to return before moving out of Utah.
- Information submitted to the PSC is used for qualification purposes only and is only shared with authorized personnel.
- I will use the device in compliance with Utah laws and regulations.
- All devices are the property of the State of Utah.

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

BEFORE SENDING IN YOUR APPLICATION:

Have you included your income or public assistance program documentation (See Page 2)?

Did you sign and date page 3?

Have you included the professional certification (See Page 4)?

Please mail, fax or email completed application with supporting documentation to:

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

Fax: 801-530-6796
 Email: relay@utah.gov

PROFESSIONAL CERTIFICATION

Please have one of the following professionals certify this application:

(please check one)

- Licensed Physician
- Licensed Physician Assistant
- Otolaryngologist
- Audiologist (Hearing Specialist cannot certify the application)
- 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