

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**

**\*2024 Federal Poverty Guidelines**

Household Size	Annual Income
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920

**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? <b>Note: Relay Utah cannot install telecommunications devices into medical alert and alarm systems.</b>
<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.

<b>Signature of Applicant</b>	<b>Printed Name</b>	<b>Date</b>
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