

Utah's Equipment Distribution 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 City Area: (801) 530-6715  
 Toll Free Number: (866) 772-8824 (866-PSC-UTAH)  
 Fax: (801) 530-6796

The Equipment Distribution Program of the Public Service Commission (PSC) is designed to meet the telecommunication needs of Deaf and Hard of Hearing individuals in Utah. If you have questions regarding the program or the eligibility requirements, please contact the PSC at the phone numbers listed above.

If you feel you meet the eligibility requirements of this program, see page 4 and 5 for additional information on completing this application. **Please print legibly.**

**APPLICANT'S PERSONAL INFORMATION**

Full Name (Mr., Mrs., Ms) (Please Print)	Area Code & Telephone Number
Alternative Telephone 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 & Telephone Number
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Read the following statements. If you agree, please sign on page 2. By signing this form, you agree that the information provided is true and correct at this time.

**If my monthly income increases, and/or I no longer receive state or federal assistance, I will IMMEDIATELY notify the Public Service Commission.**

**I will return the loaned device to the Public Service Commission if and when I no longer reside in the State of Utah. My family will return the device upon my death. I understand if I give false information, I must IMMEDIATELY return the equipment to the PSC.**

**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.**

Signature of Applicant	Printed Name	Date
Signature of parent of legal guardian (if under 18)	Printed Name	Date

**Please circle YES or NO to the following questions:**

YES NO Do you already have a phone through the PSC's program?

YES NO Do you presently have landline telephone service in your home?

YES NO If not, have you applied for telephone service?

YES NO Do you have Caller ID on your existing telephone?

**Please circle YES or NO to the following options: DO YOU RECEIVE**

YES NO Supplemental Security Income (**SSI**) or Social Security Disability Income (**SSDI**)

YES NO Aid to Families with Dependent Children (**AFDC**)

YES NO Emergency Work Program

YES NO Home Energy Assistance Target Program (**HEAT**) and/or Lifeline (**emergency phone service**)

YES NO Food Stamps

YES NO Refugee Assistance

YES NO General Assistance

YES NO Temporary Assistance to Needy Families (**TANF**)

YES NO Work Toward Employment

YES NO Federal Public Housing assistance, including Section 8 Housing

YES NO Medical Assistance (**Medicaid**)

YES NO National School Lunch Free Lunch Program

YES NO Head Start Program (income qualifying standard only)

**IF YOU DO NOT QUALIFY FOR ANY OF THE ABOVE PROGRAMS (i.e. Medicaid, SSI, etc.)  
SEE THE INCOME QUALIFICATION SECTION ON PAGE 5:**

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

**IN ORDER TO BETTER MEET YOUR NEEDS, PLEASE ANSWER THE FOLLOWING QUESTIONS: (circle Yes or No) ARE YOU**

- YES NO Hard of Hearing  
 YES NO Deaf  
 YES NO Late Deafened  
 YES NO Deaf/Blind  
 YES NO Speech Disabled  
 YES NO Low Vision or Blind  
 YES NO Mobility Impaired (upper body, lower body, both) if "yes," the severity: \_\_\_\_\_

**NOTE: Applicant is NOT to complete the Professional Certification Section below it MUST be filled out by certifier, please see page 5. If Certification is not correctly completed it will delay any equipment delivery.**

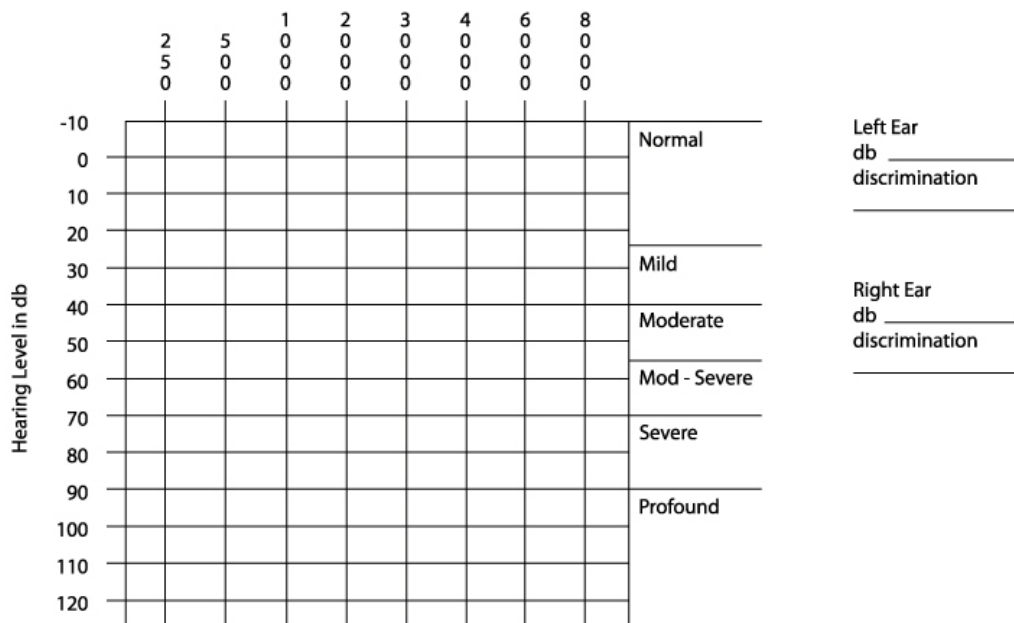
**PROFESSIONAL CERTIFICATION SECTION (to be filled out by certifier, please see page 5)**

**Please complete section A, if client is requesting an Amplified Telephone. If client is requesting a Captioned Telephone, please fill out section A and B.**

**A.**

Name of Certifier (Please Print)			
Street Address	City	Zip Code	Telephone Number
Signature		Date	

**B. Note to Audiologists: Please complete or attach current audiogram**



## **I. DO I QUALIFY?**

**An individual must have one of the following conditions:**

Deaf – A hearing loss that requires use of a TTY or captioning to communicate effectively on the telephone.

Deaf-Blind – A hearing and visual loss that requires use of a TTY with Braille to communicate effectively on the phone.

Hard of Hearing – A hearing loss that requires use of an amplified or a captioned telephone to communicate effectively.

Speech Impairment – A condition that renders speech clarity on a regular telephone difficult to understand thus requiring the use of a TTY, HCO, or a pager to communicate effectively.

## **II. THE EQUIPMENT DISTRIBUTION PROGRAM OFFERS SEVERAL TYPES OF PHONES, SPECIFICALLY MADE FOR THOSE WHO ARE DEAF, HARD OF HEARING, OR SPEECH DISABLED:**

Amplified Phone with Caller ID – Increases the volume for the hard of hearing individual. This phone features a built-in Caller ID screen.

Amplified Phone with Programmable Buttons – Increases the volume for a hard of hearing person. This phone features one-touch dialing.

Amplified Cordless Phone – Increases the volume for the hard of hearing person. This phone features one-touch dialing and a built-in Caller ID screen.

Captioned Telephone (CapTel) – Captioned phone that enables a severely hard of hearing user to speak for himself/herself and read the incoming text through a captioning service.

Hearing Carry-Over Phone (HCO) – Combines a text telephone and standard telephone to serve hearing, speech disabled, and deaf individuals.

Voice Carry-Over Phone (VCO) – Enables severely hard of hearing user to speak and read incoming text through the Relay Service.

Text Telephone (TTY) – Allows a deaf user to type and then read the response using the Relay Service.

Mobile/Wireless Pager - A device that enables a deaf user to send and receive messages.

**III. WHO CAN CERTIFY MY APPLICATION?**

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

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

Hearing Instrument Specialist – Completed all courses approved by ASHA and certified by the National Board for Certification Hearing Instrument Sciences.

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

Qualified State Agency Employee – Any state agency employee who can provide documentation of the disability. (Cannot be a relative).

**IV. INCOME QUALIFICATIONS (This is applicable if you do not receive public assistance).**

Household Size	Gross Monthly Income
1	\$1,225
2	\$1,655
3	\$2,085
4	\$2,514
5	\$2,944

**V. CHECK LIST – BEFORE MAILING APPLICATION, please answer the following:**

**YES NO** I have completed and signed my application.

**YES NO** A qualified person has certified my application; and has completed and signed his/her section.

**YES NO** I have detached pages 4 and 5 (informational only) of the application for my records.

**YES NO** I have made a copy of this application for my records.

**Once you have completed your application, please mail or fax pages 1 thru 3 of your application to the address listed below.**

**Utah’s Equipment Distribution Program  
C/O Public Service Commission  
PO Box 45585  
Salt Lake City, UT 84145-0585**

**Fax: (801) 530-6796**

**(Revised 10/18/2011)**