

JITTERBUG APPLICATION

_____ **RED** _____ **WHITE** _____ **GRAY**

**Utah’s Equipment Distribution Program
C/O Public Service Commission
Heber M. Wells Bldg. 4th 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

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 landline phone through the PSC's program?
- YES NO Do you currently have Cell Phone service through a Wireless Provider?
- YES NO If so when is contract completed? _____

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 and/or Lifeline (emergency phone service) (HEAT)
- 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

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

I. DO I QUALIFY?

An individual must have one of the following conditions:

Hard of Hearing – A hearing loss that requires use of an amplified device.

II. THE JITTERBUG PROGRAM IS MADE FOR THOSE WHO ARE HARD OF HEARING:

Jitterbug Phone - A wireless cell phone that is portable and has nationwide coverage.

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.

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 or Fax number 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)