

APPLICATION FOR NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE



IPAT
1-800-265-4728 V/TTY
www.ndipat.org



IPAT contracts with the Aging Services Division, ND Department of Human Services, to provide the TEDS program. This program is funded through a telephone access line surcharge.

**APPLICATION FOR NORTH DAKOTA
TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE**

Name: _____

Mailing Address: _____

Street Address, if different (must include): _____

City: _____ State: ND Zip: _____

County: _____ Date of Birth: _____

Phone: Home (____) _____ Work (____) _____

Contact Name and Number: _____

Eligibility (check yes or no):

I have a severe hearing, speech, or physical impairment
that makes using a telephone difficult. Yes___ No___

I now have or have applied for phone service in my home. Yes___ No___

I am over five (5) years old. Yes___ No___

I have family income equal to or below state median
income, or 150% for deaf applicants (see chart
below). (We reserve the right to request a copy
of applicant's federal tax return at a later date
if needed.) Yes___ No___

Estimated Median Income for North Dakota Fiscal year 2009 (January 1, 2010, to December 31, 2010) <small>* Based upon Administration for Children and Families, Office of Community Services, Division of Energy Assistance</small>		
# of Persons in <u>Household*</u>	Hard of Hearing Estimated <u>median income</u>	Deaf 150% estimated <u>median income</u>
1	\$ 34,935	\$ 52,403
2	\$ 45,684	\$ 68,527
3	\$ 56,434	\$ 84,651
4	\$ 67,183	\$100,775
5	\$ 77,932	\$116,898
6	\$ 88,682	\$133,022

* If more than 6 in household, call for income limit
** These guidelines were updated September 24, 2009.

I have difficulties with (check all that apply):

hearing on the phone seeing the numbers/
 speaking (being heard) buttons on the phone
 holding or picking up the phone hearing the phone ring

Do you currently wear a hearing aid(s)? Yes No

If you know what equipment you need, please check it below:

Teletypewriter (TTY) Amplified Telephone
 TTY with Large Visual Display Other _____
 Voice Carry-over phone Not sure
 Cordless phone

Where did you hear about this program? Brochure Newspaper
 Presentation Word of mouth Website Radio Other

The preceding facts I have provided are true and complete to the best of my knowledge. (If under 18 years old, both applicant and parent/guardian must sign.)

_____ Date: _____
(Applicant Signature)

_____ Date: _____
(Parent or guardian, if applicant is under 18 years old)

**Mail completed application to: IPAT
P.O. Box 743
Cavalier, ND 58220
For questions, call (701) 265-4807 V/TTY or 1-800-265-4728**

FOR OFFICE USE ONLY

Application reviewed by and date: _____

Initial assessment: _____

Assigned to: _____

Additional comments: _____

NORTH DAKOTA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICE

CONDITION OF ACCEPTANCE OF TELECOMMUNICATIONS DEVICE

Please read and sign this form and return to:

**IPAT
P.O. Box 743
Cavalier, ND 58220**

Use and Care

I agree to protect this equipment against damage caused by dust, dirt, weather, and physical abuse

Damage

If the equipment is damaged, I will not try to take it apart. I will return the equipment to IPAT.

Theft

If my equipment is stolen, I will report it to the police. A copy of the police report must be given to IPAT before I can get new equipment to replace the stolen equipment.

Loss

If I lost my equipment, I must report the loss to IPAT. I understand that I may not get any replacements.

Travel

I understand this equipment is the property of the State of North Dakota. I can travel out of North Dakota with my equipment for short trips and vacations. Any out-of-state travel with my equipment for more than 90 days requires written permission from IPAT.

Change of Address

If I move to another place in North Dakota, I have ten (10) days to report my new address to IPAT. If I plan to move to another state, I must return the equipment to IPAT. This must be done before I leave North Dakota. I understand that if I do not return this equipment, I may be charged with a misdemeanor or felony theft charge according to the ND Century Code at 12, 1-23-07.

State Property

Because my equipment is the property of the State of North Dakota, I will not sell it. I will not give or loan it to others not in my immediate family. If I sell my equipment, I can be criminally prosecuted.

Liability

The undersigned agrees to accept responsibility for said equipment and all claims, damages, and/or expenses caused by the use or misuse of said equipment by themselves or anyone else.

Denial

If I do not keep these conditions of acceptance, I can be denied the privilege of having telecommunication equipment provided by the State of North Dakota.

Death

In the event of the death of the client, the executor or other responsible person must return the equipment to IPAT within thirty (30) days.

Repair

IPAT is responsible for all reasonable expenses to maintain and repair your equipment. If your equipment is damaged, lost, or destroyed because of negligence or abuse, you must pay for replacing or repairing the equipment.

Having read the above conditions and having had them explained to me, I agree to comply with all of the conditions.

Signature Date

Parent signature (if under 18 years old) Date

Staff signature Date