



www.relayutah.gov

New Technology Equipment Distribution Program (NTEDP)

Relay Utah has created a limited pilot program to explore the feasibility of using wireless devices to address telecommunication needs for deaf or hard of hearing and speech challenged individuals.

Wireless devices are limited and are available on a “first come, first served” basis for qualified applicants.

Additional information can be found in Rule 746-343-16 for the New Technology Equipment Distribution Program. <https://rules.utah.gov/publicat/code/r746/r746-343.htm>.

If applying for a wireless device that requires a service data plan, you must have a service data plan in place and are responsible for setup and costs associated with the service data plan.

Mail to:
 Utah's Equipment Dist. Program
 C/O Public Service Commission
 Heber M. Wells Bldg. 4th Floor 160
 E. 300 S. Salt Lake City, UT 84111



Salt Lake Area: 801-715-3470
 Toll Free: 866-772-8824
 Fax: 801-530-6796
 Website: www.relayutah.gov
 Email: relay@utah.gov

Application

Primary Form of Communication
 American Sign Language
 English
 Spanish

Section A

Applicant Information

| | |
|---|---------------------------|
| Full Name: (Please print) | Area Code & Phone Number: |
| Alternative Phone Number with Area Code: | Date of Birth: |
| Street Address: | City, State, Zip Code: |
| Service Provider: (e.g. Comcast, Verizon, etc.) | Cell Phone Number: |
| Email Address: | |

Provide alternate contact information a

| | | |
|--------------------------|---------------|------------|
| Alternate Contact Name: | Relationship: | Telephone: |
| | | |
| Address of Contact Name: | | |
| | | |

Section B

Eligibility

Please provide documentation that you are receiving assistance under a public assistance program administered by the State of Utah.

Examples of Public Assistance Programs administered by the State of Utah:

- Supplemental Security Income (SSI)
- Medicaid
- Children's Health Insurance Program (CHIP)
- Work toward Employment
- Lifeline (Emergency phone Service)
- Refugee Assistance
- Emergency Work Program
- Supplemental Nutritional Assistance Program Food (SNAP)
- Temporary Assistance to Needy Families (TANF)
- Aid to Families with Dependent Children (AFDC)
- Federal Public Housing Assistance, including Section 8 Housing
- National School Lunch Free Lunch Program
- Head Start Program (income qualifying standard only)
- Home Energy Assistance Target Program (HEAT)

Section C

Equipment Selection

***Please carefully select one device below (only one device is allowed and exchanges and returns are not allowed.)**

NOTE: iPads are typically not used as a telephone for placing or receiving calls .

iPad Air 2 32 GB Wi-Fi Only (must have access to Wi-Fi)

iPad Mini 4 32 GB Wi-Fi Only (must have access to Wi-Fi)

iPad Air 2 32 GB 4G (wireless/data plan required; **not** provided by Relay Utah)

iPad Mini 4 32 GB 4G (wireless/data plan required; **not** provided by Relay Utah)

iPhone 7 32 GB 4G (wireless/data plan required; **not** provided by Relay Utah)

iPhone 7 Plus 32 GB 4G (wireless/data plan required; **not** provided by Relay Utah)

*** Products types may change without notice and may not be available.**

****The following Apps will be preloaded on the device selected**

| Preloaded Apps | Examples of Apps |
|---|--|
| Video Relay Service Apps: | Convo, Purple P3, Sorenson nTouch, ZVRS Z5 |
| Captioned Telephone Service Apps: | ClearCaptions, Hamilton CapTel |
| Video Call Apps: | FaceTime, Skype, Glide |
| Alternative Augmentative Communications (AAC) Apps: | Prologue2Go, TouchChat HD |
| Speech Generating Apps: | Speak4Me |

Other Apps - Please fill out the area below requesting additional Apps. Approval for additional Apps are not guaranteed.

**** Apps and features may change without notice and may not be available.**

Section D

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 your device.

- All devices are the property of the State of Utah. I will use my device in compliance with Utah laws and regulations.
- I am responsible to pay the costs related to the use of my device, including Wi-Fi or cellular phone data service.
- I will participate in an entrance interview.
- I will complete online surveys as instructed.
- I will not offer for sale, sell, give away, or loan my device to anyone. I am financially responsible for any damage to my device that is not caused by normal wear and tear, acts of nature, or natural disaster.
- I am responsible for the appropriate care of my device.
- I am responsible for the purchase and cost of device supplies, including headphones, batteries and chargers.
- I will not remove the protective case from my device. I will not damage or deface my device. For example, I will not remove the label identifying my device as the property of Utah identifying labels. Similarly, I will not alter the laser etching or make any other adaptations.
- I understand that my device has Mobile Device Management software (MDM) installed. The Public Service Commission (PSC) and PSC vendors use MDM software to protect the device owned by the State of Utah by tracking the device if it is lost or stolen, and perform remote diagnostics and updates to the device as needed.
- If my device is stolen, I will notify local law enforcement within 24 hours of the time the theft is discovered. I will provide a copy of the police report to the PSC within five (5) business days of the date that I reported the theft.
- If floods, storms, fire, or other acts of nature damage my device, I will submit a fire department report, insurance report, police report, or other appropriate report about the event to the PSC within five (5) business days after the date the event occurred.
- If I move to a new address in Utah, I will report my new address to the PSC within thirty (30) calendar days of the move.
- I will return my device to the PSC office before I permanently move out of Utah.
- I am liable for the replacement cost of any device I fail to return before moving out of Utah.
- If I have signed this Agreement on behalf of a minor or as a guardian for an adult, I will notify the PSC about a change in responsibility within five (5) calendar days of the event (i.e., if the minor turns 18 or there is a change of guardianship). I understand that the PSC will bill me for the purchase price of the device if the minor does not sign a new Terms and Conditions Agreement within 30 calendar days after the minor's 18th birthday, and I understand that I am responsible for paying those costs.
- I understand that all devices are provided on a "first come, first served" basis and that the availability of any device is contingent upon continuation of the program.

Section D continued on page 6.

Set Up and Maintenance

- ✓ You are responsible for setting up your equipment.
- ✓ The equipment has a 3 year warranty.
- ✓ If you experience any problems with your equipment call: Teltex, Inc. Technical Support Toll Free 888-515-8120.
- ✓ If your equipment needs to be repaired call: Teltex. Toll Free 888-515-8120.

Teltex CANNOT make house calls.

Returns / Repairs

NOTE: You are FINANCIALLY RESPONSIBLE for shipping the equipment to Teltex.

- ✓ Call Teltex Technical Support Toll Free 888-515-8120
- ✓ Obtain a return authorization number (RA#) from Teltex.
- ✓ Ship the equipment back to Teltex, Inc.
- ✓ YOU are FINANCIALLY RESPONSIBLE for shipping equipment to Teltex.
- ✓ Ship the device back to Teltex using the approved box your device was delivered in.

DO NOT contact Apple directly or take the device to an Apple Store

I agree to the above Terms and Conditions:

Print Name: _____ **Signature:** _____

Section E

Certification

All information must be completed by a certifying authority

Certifying Authority Statement

Please check the disabilities/impairment(s):

Deaf

Hearing Loss

Speech Impairment

I am a licensed:

Physician

Audiologist

Otolaryngologist

Speech Language Pathologist

Qualified State Agency Employee

Certifying Authority Name:

Phone number:

State License number (if applicable):

Email Address:

Address (Street, City, State, Zip):

Certifying Authority's Print Name: _____

Certifying Authority's Signature: _____ Date: _____

All statements I have made in this application are true and correct to the best of my knowledge

- Provide a copy of the Power of Attorney/Guardianship documentation if signing on behalf of the Applicant.
- Provide documentation that you are receiving public assistance from the State of Utah.

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

Check List:

I have completed Section A (Applicant Information)

I have completed Section B (Eligibility)

I have completed Section C (Equipment Selection)

I have completed Section D (Terms and Conditions)

I have completed Section E (Certification has been completed and signed by a certifying authority)

I have signed the Application

Telecommunication Devices are provided on a “first come, first served” basis. Participation is limited. Once we receive your completed application, verify your eligibility, and approve your application, we will ship an appropriate device directly to you. If a device is shipped to you, you must sign for the package. Delivery tracking information is available on request.