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

RELAY UTAH
Helping Utah Connect • Dial 711

Salt Lake Area: 801-530-6715
Toll Free: 866-772-8824
Fax: 801-530-6796
Website: www.relayutah.gov
Email: relay@utah.gov

Please fill out pages 1-2 and have page 3 completed by a medical professional.

APPLICANT'S PERSONAL INFORMATION (PRINT LEGIBLY)

Full Name (Mr., Mrs., Ms.) (Please Print)	Area Code & Phone Number
Alternative Phone 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 & Phone Number

Please check type of phone you are interested in: Corded Cordless Cell phone*
* ***Note:*** *Cell phone service and charges are responsibility of recipient (See* www.relayutah.gov/equipment.html)

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 or Legal Guardian (if under 18)	Printed Name	Date

Do you receive any of the following? Please select YES or NO:

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

YES NO Medicaid

YES NO HEAT (Home Energy Assistance Target Program)

YES NO Lifeline (emergency phone service)

YES NO Aid to Families with Dependent Children (AFDC)

YES NO Emergency Work Program

YES NO Food Stamps

YES NO Refugee 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 National School Lunch Free Lunch Program

YES NO Head Start Program (income qualifying standard only)

YES NO General Assistance (single adults or married couples without dependent children who are unable to work because of a short or long-term disabling condition)

YES NO Do you already have a phone through the Relay Utah program?

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

Total Household Income: $_____/**per month** Total Number of Persons in Household:_____

Maximum Household Income Allowed to Qualify

Household Size	Gross Monthly Income	Yearly Income
1	$1,945	$23,340
2	$2,622	$31,460
3	$3,298	$39,580
4	$3,975	$47,700
5	$4,652	$55,820

IN ORDER TO BETTER MEET YOUR NEEDS, PLEASE ANSWER THE FOLLOWING QUESTIONS: (SELECT YES OR NO) ARE YOU:

YES NO Hard of Hearing

YES NO Deaf

YES NO Deaf/Blind

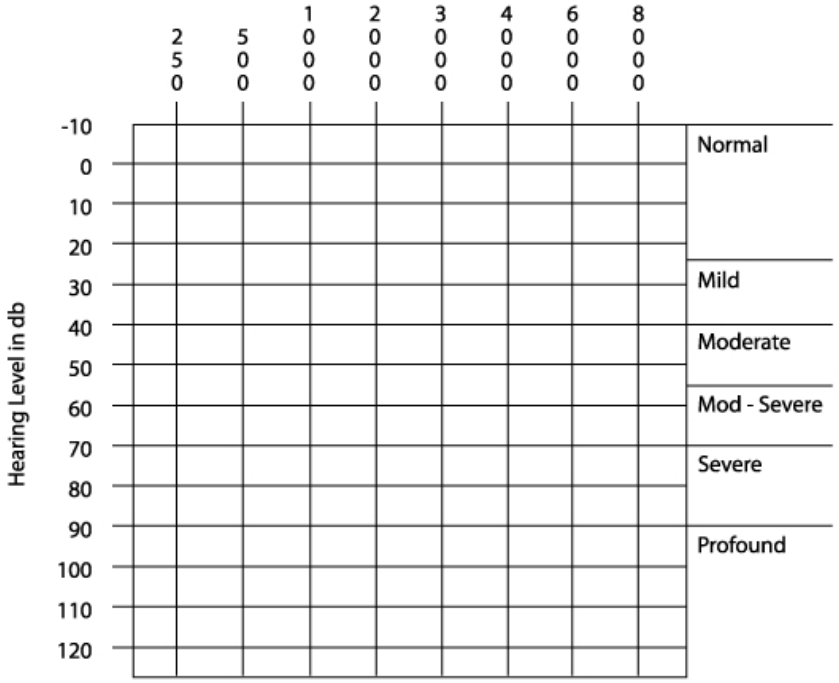
YES NO Speech Disabled

YES NO Low Vision or Blind

YES NO Mobility Impaired (upper body, lower body, Both) if "yes," describe the severity:_____

_____

PROFESSIONAL CERTIFICATION



Applicant Name

_____

Area Code & Phone Number

_____

Left Ear
db _____
discrimination
_____

Right Ear
db _____
discrimination
_____

***Note Professional Certifier: Please complete or attach audiogram**

Name of Certifier (Please Print)			
Office Address	City	Zip Code	Phone Number

*SIGNATURE:*_____*DATE:*_____

WHO CAN CERTIFY THIS APPLICATION?

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

Audiologist – A person who has a Master's 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 Master's 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)