

Mail to:  
 Utah's Equipment Dist. 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 Area: 801-715-3470  
 Toll Free: 866-772-8824  
 Fax: 801-530-6796  
 Website: [www.relayutah.gov](http://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    Neck Loop    Cell Phone Accessory

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	Annual Income
1	\$1,980	\$23,760
2	\$2,670	\$32,040
3	\$3,360	\$40,320
4	\$4,050	\$48,600
5	\$4,740	\$56,880

**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 Speech Disabled
- YES NO Deaf YES NO Low Vision or Blind
- YES NO Deaf/Blind
- YES NO Mobility Impaired (upper body, lower body, Both) if "yes," describe the severity: \_\_\_\_\_

\_\_\_\_\_

