

Mail to:
Public Service Commission
Heber M. Wells Bldg. 4th 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: relay.utah.gov
Email: relay@utah.gov

Primary Form of Communication (please check one)

- American Sign Language English Spanish

Please fill out pages 1-3 and have page 4 completed by a professional certifying authority.

APPLICANT'S PERSONAL INFORMATION (PRINT LEGIBLY)

| | |
|---|--------------------------------|
| Full Name (Please Print) | Area Code & Phone Number |
| Alternate 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) | Email Address |

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 Accessories

How did you hear about Relay Utah: TV Google Search Facebook

Relay Utah Website Other

I will return the loaned device to the Public Service Commission (PSC) if and when I no longer reside in Utah or no longer need the device.

I understand it is my responsibility to obtain telephone service and pay all associated fees and charges.

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

ELIGIBILITY

Please attach documentation that you are receiving assistance from a public assistance program administered by a state agency.

Public Assistance Programs

Below are examples of public assistance programs in Utah.

- Medicaid
- Children’s Health Insurance Program (CHIP)
- Utah Telephone Assistance Program (UTAP/Lifeline)
- Supplemental Nutrition Assistance Program (SNAP)
- Home Energy Assistance Target Program (HEAT)

If you are not on a public assistance program, please provide documentation showing that your income qualifies for the Relay Utah program. Failure to submit requested documentation could result in denial or a delay in the application process.

Income Verification Documentation can include the following:

- Social Security Benefits statement from current year
- Social Security Disability Benefits statement (SSDI, SSD)
- Tax returns
- Payroll stubs

When submitting documentation, please redact (black out) any sensitive information including account and social security numbers.

Maximum Household Income Allowed to Qualify

*2020 Federal Poverty Guidelines

| Household Size | Monthly Income | Annual Income |
|----------------|----------------|---------------|
| 1 | \$2,127 | \$25,520 |
| 2 | \$2,873 | \$34,480 |
| 3 | \$3,620 | \$43,440 |
| 4 | \$4,367 | \$54,400 |
| 5 | \$5,113 | \$61,360 |
| 6 | \$5,860 | \$70,320 |

Total Number of Persons in household _____

Please Answer the Following Questions

| | | | |
|---|--|---|------------------|
| <input type="checkbox"/> YES NO <input type="checkbox"/> | Hard of Hearing? | <input type="checkbox"/> YES NO <input type="checkbox"/> | Deaf? |
| <input type="checkbox"/> YES NO <input type="checkbox"/> | Deaf and Blind? | <input type="checkbox"/> YES NO <input type="checkbox"/> | Speech Disabled? |
| <input type="checkbox"/> YES NO <input type="checkbox"/> | Low Vision or Blind? | | |
| <input type="checkbox"/> YES NO <input type="checkbox"/> | Do you already have a phone through the Relay Utah program? | | |
| <input type="checkbox"/> YES NO <input type="checkbox"/> | Do you presently have landline phone service in your home? | | |
| <input type="checkbox"/> YES NO <input type="checkbox"/> | Are you currently using a medical device or alarm system? Note: Relay Utah cannot install telecommunications devices into medical alert and alarm systems. | | |
| <input type="checkbox"/> YES NO <input type="checkbox"/> | Mobility Impaired? Please explain. | | |

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 the loaned device.

- All devices are the property of the State of Utah. I will use the device in compliance with Utah laws and regulations.
- I am responsible to pay the service costs related to the use of the device.
- I will not sell, give away, or loan the device to anyone. I am financially responsible for any damage to the device that is not caused by normal wear and tear, acts of nature, or natural disasters.
- I am responsible for the purchase and cost of device supplies, including headphones, batteries, and chargers.
- I will not remove the label identifying the device as the property of the State of Utah.
- If the 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 30 days of the date that I reported the theft.
- If floods, storms, fire, or other acts of nature damage the device, I will submit a fire department report, insurance report, police report, or other appropriate report about the event to the PSC within 30 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 30 days of the move.
- I will not take the device out of Utah for a period of time longer than 90 days unless the PSC gives written permission.
- I will return the device to the PSC's office before permanently moving 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 30 days of the event (i.e., if the minor turns 18 or there is a change of guardianship).
- I understand that all devices are provided on a "first come, first served" basis and that devices may change or be discontinued.
- Only one device is allowed and exchanges and returns are not permitted.

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

Please remember to include documentation of income or proof of receiving public assistance with the application. Failure to submit requested documentation could result in denial or a delay in the application process.

PROFESSIONAL CERTIFICATION

Please have one of the following professionals certify this application:

(please check one)

- Licensed Physician
- Licensed Physician Assistant
- Otolaryngologist
- Audiologist
- Speech Language Pathologist
- Qualified State Agency

Please check one of the following impairments:

- Deaf Hearing Loss Speech Impairment

If applicable, please include an audiogram.

| | |
|---|------|
| Name of Certifying Authority (please print) | |
| State License (if applicable) | |
| Address (Street, City, State, and Zip Code) | |
| Phone Number | |
| Email Address | |
| Signature of Certifying Authority | Date |