



Application for iPad

Original documents required. TAI cannot accept faxed or scanned documents.

Name _____
Last First MI

Street Address _____ Apt/Unit # _____
(PO Box Number not accepted here; see below to add mailing address if necessary)

City _____, IA Zip _____ County _____ Birthdate ____ / ____ / ____

Home Phone (____) _____ Voice TTY VP Alternate Phone (____) _____ Voice TTY VP

Last 4 of Social Security # X X X - X X - ____ ____ E-mail _____

Mailing Address, if different from above, to send the voucher. Address can be the Applicant's PO Box, a relative or authorized care provider of the Applicant.

Name _____ Relationship to Applicant _____

Address _____

City, State, Zip _____ Phone (____) _____

How did you learn about this program? Physician TV Friends/Family Brochure Exhibit
 Presentation Radio State Agency Other _____

Do you qualify?

YES NO Answer all questions below:

- Do you live in Iowa?
- Are you older than 5 years of age or able to use the telecommunication equipment?
- Would the telecommunication equipment you are asking for make telecommunication use easier for you?
- Is your annual adjusted gross income less than what is listed on the chart? →

Annual Total Family Income

1 person	- \$56,000
2 persons	- \$65,000
3 persons	- \$74,000
4 persons	- \$83,000
(add \$9,000 for each additional person)	

Professional Signature Required

You must receive a signature by your doctor, audiologist, voc rehab counselor, state or federal agency representative, or any other licensed professional in the field of hearing or speech. Their signature verifies you have a need for specialized telecommunications equipment to assist with communication.

I certify that this applicant _____ needs the specialized telecommunications equipment selected because s/he is or has: Deaf Hard of Hearing Speech Difficulty

ORIGINAL Signature of Professional: **X** _____ Date _____

Printed Name of Professional: **X** _____

Name of Profession _____

REQUIRED TO COMPLETE APPLICATION
State License # _____

Agency Name _____ Phone (____) _____

Address _____

City/State/Zip _____

See next page for equipment selection and signature. →

Equipment Choices

If you already have an iPad but are interested in other specialized communication Apps, please call TAI for more information at 1-800-606-5099.



Choose **ONE** iPad

- Apple iPad® 128G Wi-Fi Only
- Apple iPad® mini 128G Wi-Fi Only
- Apple iPad® 128G Wi-Fi Only with Headset/Neckloop
- Apple iPad® mini 128G Wi-Fi Only with Headset/Neckloop

Please **CHOOSE ONE** of the following Apps packages based upon your communication need:

All come with: Google Chrome, Free WiFiFinder, Notebook Free and FEMA

- Deaf** Apps include: IP Relay Service, Video Relay Service, IP Captioned Telephone Service, Video Calls
- Hard of Hearing** Apps include: IP Relay Service, Video Relay Service, IP Captioned Telephone Service, Video Calls
- Speech Difficulty** Apps include: IP Relay Service, Video Relay Service, Alternative Augmentative Communications (AAC), Video Calls

Terms & Conditions

I, _____, am applying for an iPad with the TAI program
(Full Name)

and agree to do the following: (please **initial each requirement** if you agree)

_____ Select **one** wireless telecommunications device (iPad® OR iPad® mini)

_____ I agree to use the TAI Voucher to get my iPad through Teltex Inc. and pay the difference in price (approximately 1%) to purchase the equipment.

_____ I agree to set up my iPad including turning it on, setting up an account with an email address, and reviewing the Apple® Terms and Conditions.

_____ I agree to use the Apps on the device to make calls on the equipment.

_____ I agree to notify TAI within thirty (30) days of any changes in my Iowa address, phone number or email.

_____ I agree to keep my iPad in its protective case and understand that removal of the iPad from the protective case may void the warranty.

_____ I agree to answer all Survey Questions sent to me, whether by mail or email, from TAI about my experience in using the iPad and to provide feedback so that they may gather information.

Your Signature Required:

By my signature below, I certify that all of the above information is true and I agree to the Terms and Conditions. I agree to provide my feedback regarding my experience using the iPad I received. I understand that I am only allowed to receive one iPad per family household. I become the owner of the iPad I receive. I agree to pay any remaining cost that is not covered by the Telecommunications Access Iowa Voucher Program.

X _____
ORIGINAL Signature of Applicant

Date

X _____
ORIGINAL Signature of Parent/Guardian if applicant is under 18

Date

PRINTED Name of Parent/Guardian

Please mail this application to:

Telecommunications Access Iowa • 6925 Hickman Road • Des Moines, Iowa 50322

Please keep this page for your records.

You have agreed to:

Select **one** wireless telecommunications device (iPad® OR iPad® mini)

I agree to use the TAI Voucher to get my iPad through Teltex Inc. and pay the difference in price (approximately 1%) to purchase the equipment.

I agree to set up my iPad including turning it on, setting up an account with an email address, and reviewing the Apple® Terms and Conditions.

I agree to use the Apps on the device to make calls on the equipment.

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I agree to keep my iPad in its protective case and understand that removal of the iPad from the protective case may void the warranty.

I agree to answer all Survey Questions sent to me, whether by mail or email, from TAI about my experience in using the iPad and to provide feedback so that they may gather information.

Teltex, Inc

Teltex Inc. is a distributor of equipment for individuals who are Deaf or have difficulty with hearing and/or speech, and specializes in customized services and equipment management. It distributes many different brands of equipment and is an authorized Apple re-seller, providing several services including mobile devices (such as iPads) pre-loaded with specialized Apps.

For the Iowa program, Teltex Inc. is the only authorized source for iPads purchased with a TAI voucher. Along with the iPad, Teltex Inc. provides specialized mobile device services which include:

- **Pre-loading Apps** – devices come to applicant already loaded with Apps that match the communication need.
- **Security** – all devices are laser-etched with state program logo. If stolen, the device can be locked down.
- **Warranty** – enroll devices into Apple Care+ which covers devices for up to two years for such things as accidental damage. In addition, Teltex Inc. adds an additional year to the warranty, called “TeltexCare.”
- **Enrolling** – all devices will be enrolled in a specialized application installed at Teltex Inc. which allows for services to be done remotely, such as sending software and App updates, pushing new Apps directly to device, and removing obsolete Apps from device.
- **Packaging** – each device is sent to the applicant with an outer protective case installed and all of the necessary cords, chargers, etc.
- **Support** – operational and technical service directly to applicant, including repair, re-installation of Apps and iOS updates. **DO NOT TAKE IPAD TO APPLE STORE** for assistance, as Apple has authorized Teltex Inc. to handle all customer support related to your device.

Teltex Inc. Contact Information

Telephone

Monday – Friday
8am to 5pm Central,
via voice or TTY:
888.515.8120

Email

iaccessibility@teltex.com

Website & Social Media

www.iaccessibility.com
(24/7/365 information in
American Sign Language,
spoken English with Closed
Captions, and written
English)



Mail completed application to:

Telecommunications Access Iowa

6925 Hickman Road
Des Moines, Iowa 50322

Toll-Free (Voice) **800.606.5099**

Voice **515.282.5099**

Video Phone **515.200.2898**

EMAIL **info@teleiowa.com**

WEB **www.teleiowa.com**

A program of the  Iowa Utilities Board

