



Application for Wireless Device

Please PRINT your answers to all of the questions completely.

Name of Applicant _____
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 Text VP Alternate Phone (____) _____ Voice Text VP

Last 4 of Social Security # X X X - X X - _____ Email _____

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/Radio Friends/Family Brochure Exhibit
 Presentation Website State Agency Other _____

Do you qualify?

YES **NO** **Answer all the questions below:**

 Do you live in Iowa?

 Are you older than 5 years of age or able to use the telecommunications equipment?

 Would the telecommunications equipment you are asking for make telecommunications 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 _____ Date _____

Required to complete application
State License # _____

Printed Name of Professional _____

Occupation: Audiologist/Hearing Aid Specialist Speech Pathologist Doctor/Nurse
 Federal/State Agency Representative Teacher Other Licensed Professional _____

Agency Name _____

Address _____

City/State/Zip _____

Phone (____) _____

See next page for equipment selection and signature. →

Equipment Needed

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

Choose ONE Wireless Device



- Apple iPad® 128G Wi-Fi Only
- Apple iPad® **mini** 256G Wi-Fi Only
- Apple iPad® 128G Wi-Fi Only with Headset or Neckloop
- Apple iPad® **mini** 256G Wi-Fi Only with Headset or Neckloop

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

All come with: Google Chrome, remote support, and emergency apps

- Deaf** Apps include: IP Relay Service, Video Relay Apps, Video Texting, IP Captioned Telephone Service
- Hard of Hearing** Apps include: IP Relay Service, Video Relay Apps, Video Texting, IP Captioned Telephone Service
- Speech Difficulty** Apps include: IP Relay Service, Video Relay Apps, Alternative Augmentative Communication (AAC), Text to Speech

Terms & Conditions

I, _____, am applying for an iPad with the TAI program and agree to do the following:
(Full name)

(Please **initial** each requirement if you agree. Do not mark X's on the lines.)

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

_____ I agree to use the TAI Voucher to get my wireless device through a Wireless Dealer and pay the difference in price (approximately 1%) to purchase the equipment.

_____ I agree to set up my wireless device 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 wireless device in its protective case and understand that removal of the device 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 wireless device 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 wireless device I received. I understand that I am only allowed to receive one wireless device per family household. I become the owner of the wireless device I receive. I agree to pay any remaining cost that is not covered by the Telecommunications Access Iowa Voucher Program.

X

_____ Date _____
ORIGINAL Signature of Applicant

X

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

PRINTED NAME of Parent/Guardian

MAIL OR EMAIL THIS FORM TO:

Telecommunications Access Iowa • 6925 Hickman Road • Des Moines, Iowa 50322 | info@teleiowa.com

Telecommunications Access Iowa is a statewide program of the Iowa Utilities Board and administered by Deaf Services Unlimited, Inc. in Des Moines, Iowa.

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 wireless device through a Wireless Dealer and pay the difference in price (approximately 1%) to purchase the equipment.

I agree to set up my wireless device 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 wireless device in its protective case and understand that removal of the device 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 wireless device and to provide feedback so that they may gather information.

Wireless Dealers

Teltex Inc. & RAZ Mobility are distributors of wireless equipment for individuals who are Deaf or have difficulty with hearing and/or speech, and specializes in customized services and equipment management. They distribute many different brands of equipment and are an authorized Apple re-seller, providing several services including wireless devices (such as iPads) pre-loaded with specialized Apps.

For the Iowa program, Teltex Inc. and RAZ Mobility are the only authorized sources for wireless devices purchased with a TAI voucher. Along with the wireless device, they provide 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 a comprehensive bumper to bumper warranty program, which covers devices for a minimum of three (3) years depending on the equipment Dealer, for such things as accidental damage, along with each Dealer's specific warranty offer.
- **Enrolling** – all devices will be enrolled in a specialized application installed at their respective Dealers 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 operating system updates.

DO NOT TAKE YOUR DEVICE TO APPLE STORE for assistance, as Apple has authorized Teltex Inc. and RAZ Mobility to handle all customer support related to your device.

RAZ Mobility Information

Telephone

Monday – Friday • 9 am to 6 pm Central
800.729.0083 (V/TTY/Text)

Email

customersupport@razmobility.com

Website & Social Media

www.razmobility.com

Address

1934 Old Gallows Rd. Suite 350
Tysons Corner, VA 22182

Teltex Inc. Information

Telephone

Monday – Friday • 8 am to 5 pm Central
888.515.8120 (V/TTY)

Email

info@teltex.com

Website & Social Media

www.teltex.com

www.iaccessibility.com

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

Address

1081 West Innovation Drive
Kearney, MO 64060



A Program of the Iowa Utilities Board

Mail completed application to:

Telecommunications Access Iowa

6925 Hickman Road
Des Moines, Iowa 50322

Toll-Free (Voice) **800.606.5099**
Voice **515.282.5099**
Videophone **515.207.0776**

EMAIL **info@teleiowa.com**
WEB **www.teleiowa.com**

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