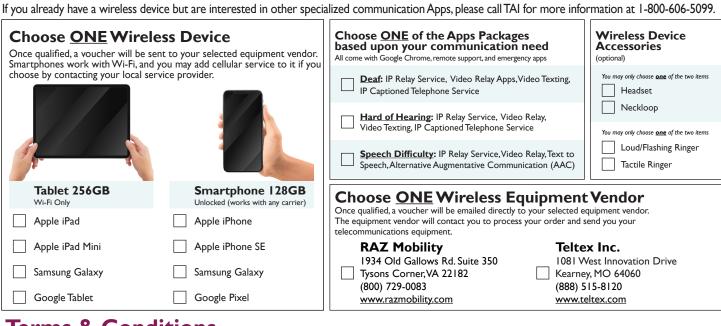
# Application for Wireless Devices

Please PRINT your answers to all of the questions completely.			
Name of Applicant	Last Name		
Last 4 of Social Security # xxx-xx Birthdate/ / Ema	ail		
Home Phone () Voice Text VP Alternate Ph	'hone () 🗌 Voice 🗌 Text 🗌 VF		
Street Address	Apt/Unit #		
City	, IA Zip County		
I am assisting the applicant with completing this form (optional). It also can be the applicant's PC	O Box, a relative, or authorized care provider of the Applicant.		
Name Relationshij	ip to Applicant		
Address Ema	ail		
City, State, Zip Phone ()			
Do You Qualify?	Annual Total		
YES NO Answer all the questions below:	Family Income		
Do you live in Iowa?	l person \$66,000		
Are you older than 5 years of age or able to use the telecommunications equipment?	2 persons \$76,000 3 persons \$86,000		
Would the telecommunications equipment you are asking for	4 persons \$96,000 (add \$10,000 for each		
<ul> <li>make telecommunications use easier for you?</li> <li>Is your annual adjusted gross income less than what is listed on</li> </ul>			
ORIGINAL Signature of Professional X Printed Name of Professional Occupation: Audiologist/Hearing Aid Specialist Speech Pathologist	for specialized telecommunications equipment to assist  needs the specialized telecommunications  of Hearing  Date  Required to complete application  State License # t  Doctor/Nurse		
Federal/State Agency Representative Teacher Other	r Licensed Professional		
Agency Name	_ Phone ()		
Address			
City/State/Zip			

TELECOMMUNICATIONS **ACCESS IOWA** 

# **Equipment Needed**



# Terms & Conditions

l,	, am applying for a wireless device with the TAI program and agree to do the following:
(Please <u>initi</u>	(Full name) <u>al</u> each requirement if you agree., e.g. John Doe = JD. Do not mark X's on the lines.)
	Select <u>one</u> wireless telecommunications device.
	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.
	l agree to set up my wireless device including turning it on, setting up an account with an email address, and reviewing the 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. By signing this application form, I agree to participate in any follow up survey in order to assure quality customer service and satisfactory use of my equipment. I understand that I am only allowed to receive one item or package of items every three years. I become the owner of the items I receive and am responsible for the maintenance and warranty. I agree to pay any remaining cost that is not covered by the Telecommunications Access Iowa Voucher Program.

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

PRINTED NAME of Parent/Guardian & Relationship to applicant, if other than voucher recipient

### 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 Commission and administered by Deaf Services Unlimited, Inc. in Des Moines, Iowa.

## You have agreed to:

Select one wireless telecommunications device.

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 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 authorized re-sellers of wireless equipment, providing several services including wireless devices pre-loaded with specialized Apps.

For the lowa 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.

<u>DO NOT TAKE YOUR DEVICE TO A REPAIR SHOP</u> for assistance, as Apple, Google, and Samsung have authorized Teltex Inc. and RAZ Mobility to handle all customer support related to your device.

## Please keep this page for your records.

# **RAZ Mobility** Information

Telephone

Monday – Friday • 9 am to 6 pm Central Saturday • 9 am to 5 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

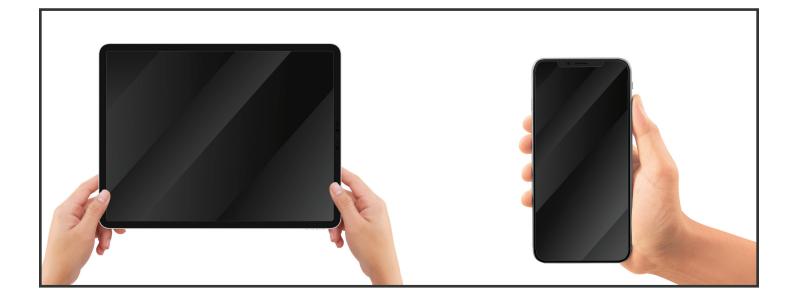
#### Website & Social Media

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







6925 Hickman Road Des Moines, Iowa 50322 Phone: (515) 282-5099 Toll-Free: (800) 606-5099 Videophone: (515) 207-0776

www.teleiowa.com info@teleiowa.com