



Please **PRINT** your answers to all of the questions completely.

Name of Applicant _____
First Name MI Last Name

Last 4 of Social Security # xxx-xx- _____ Birthdate ____/____/____ Email _____

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

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

City _____, IA Zip _____ County _____

I am assisting the applicant with completing this form (optional). It also can be the applicant's PO Box, a relative, or authorized care provider of the Applicant.

Name _____ Relationship to Applicant _____

Address _____ Email _____

City, State, Zip _____ Phone (____) _____

How did you learn about this program?

- Hearing Specialist/Audiologist/Speech Pathologist
- Friends/Family
- Senior Living/Long Term Care
- Mail from TAI
- TV/Radio/Newspaper
- Physician/Nurse/Caretaker/Healthcare
- State Agency
- Website/Social Media
- Presentation/Exhibit Booth
- Other _____

Do You Qualify?

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | Answer all the questions below: |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you live in Iowa? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you older than 5 years of age or able to use the telecommunications equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Would the telecommunications equipment you are asking for make telecommunications use easier for you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your annual adjusted gross income less than what is listed on the chart? → |

Annual Total Family Income	
1 person	\$66,000
2 persons	\$76,000
3 persons	\$86,000
4 persons	\$96,000
(add \$10,000 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 communication over the telephone.

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 _____ Phone (____) _____

Address _____

City/State/Zip _____

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.

<p>Choose <u>ONE</u> Wireless Device</p> <p>Once qualified, a voucher will be sent to your selected equipment vendor. Smartphones work with Wi-Fi, and you may add cellular service to it if you choose by contacting your local service provider.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Tablet 256GB Wi-Fi Only</p> <input type="checkbox"/> Apple iPad <input type="checkbox"/> Apple iPad Mini <input type="checkbox"/> Samsung Galaxy <input type="checkbox"/> Google Tablet </div> <div style="text-align: center;">  <p>Smartphone 128GB Unlocked (works with any carrier)</p> <input type="checkbox"/> Apple iPhone <input type="checkbox"/> Apple iPhone SE <input type="checkbox"/> Samsung Galaxy <input type="checkbox"/> Google Pixel </div> </div>	<p>Choose <u>ONE</u> of the Apps Packages based upon your communication need</p> <p>All come with Google Chrome, remote support, and emergency apps</p> <input type="checkbox"/> Deaf: IP Relay Service, Video Relay Apps, Video Texting, IP Captioned Telephone Service	<p>Wireless Device Accessories (optional)</p> <p>You may only choose one of the two items</p> <input type="checkbox"/> Headset <input type="checkbox"/> Neckloop
<p>Choose <u>ONE</u> of the Apps Packages based upon your communication need</p> <p>All come with Google Chrome, remote support, and emergency apps</p> <input type="checkbox"/> Hard of Hearing: IP Relay Service, Video Relay, Video Texting, IP Captioned Telephone Service		<p>You may only choose one of the two items</p> <input type="checkbox"/> Loud/Flashing Ringer <input type="checkbox"/> Tactile Ringer
<p>Choose <u>ONE</u> Wireless Equipment Vendor</p> <p>Once qualified, a voucher will be emailed directly to your selected equipment vendor. The equipment vendor will contact you to process your order and send you your telecommunications equipment.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>RAZ Mobility 1934 Old Gallows Rd. Suite 350 Tysons Corner, VA 22182 (800) 729-0083 www.razmobility.com</p> </div> <div style="width: 45%;"> <p>Teltex Inc. 1081 West Innovation Drive Kearney, MO 64060 (888) 515-8120 www.teltex.com</p> </div> </div>		

Terms & Conditions

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

(Please **initial** each requirement if you agree., e.g. John Doe = JD. Do not mark X's on the lines.)

- _____ 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.

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.

X _____ Date _____
ORIGINAL Signature of Applicant

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 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 A REPAIR SHOP for assistance, as Apple, Google, and Samsung have 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
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

→ Please keep this page for your records.



TELECOMMUNICATIONS **ACCESS IOWA**



Iowa Utilities Commission

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