TELECOMMUNICATIONS
ACCESS IOWA

Application for Wireless Devices

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 _____
Event name?

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	$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 X _____ Date _____

Required to complete application

Printed Name of Professional _____ State License # _____

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

Agency Name _____ Phone (_____)_____

Address _____

City/State/Zip _____

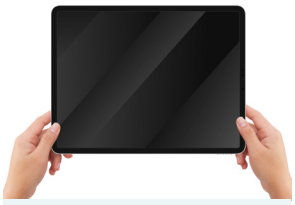
See next page for equipment selection and signature. →

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

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.



Tablet 256GB
Wi-Fi Only

- ☐ Apple iPad
- ☐ Apple iPad Mini
- ☐ Samsung Galaxy

Smartphone 128GB
Unlocked (works with any carrier)

- ☐ Apple iPhone
- ☐ Samsung Galaxy
- ☐ Google Pixel

Choose ONE of the Apps Packages based upon your communication need

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

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

Wireless Device Accessories

(optional)

*You may only choose **one** of the two items*

- ☐ Headset
- ☐ Neckloop
  Inductive neckloop for t-coil hearing aids

*You may only choose **one** of the two items*

- ☐ Tactile Ringer
- ☐ Loud/Flashing Ringer
  Does not work with tablets

Teltex Inc. is the exclusive Wireless Device equipment vendor for this program.

Once qualified, a voucher will be emailed directly to **Teltex**. A representative from Teltex will contact you to process your voucher and arrange delivery of your telecommunications equipment.

Teltex Inc.
1081 West Innovation Drive
Kearney, MO 64060

(888) 515-8120
www.teltex.com

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 Vendor 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

FOR MORE INFO, VISIT
www.teleiowa.com/apply

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.

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