



COLORADO

Department of Human Services

Colorado Telecommunications Equipment Distribution Program (TEDP)

a program of the Colorado Commission for the Deaf and Hard of Hearing (CCDHH)

Application for Wireless Equipment (Sprint)

This is an application for qualified citizens to receive telecommunications equipment.

Please make sure all of this information is completed before you send your application. Send copies of your documents. *Do not send originals.* Please Type or Print (except for signatures) in blue or black ink.

COMPLETE THE FOLLOWING ITEMS:

- Proof of Colorado Residency – provide a copy of your valid driver’s license or state ID card.
- Proof of Annual Gross Income – provide the front page of your federal income tax return or a copy of your social security award letter. In order to qualify, the applicant’s income must be less than 300% of the Federal poverty guidelines based on family size as indicated by the United States Department of Health and Human Services.
- Applicant’s signature – sign Part I of the application.
- Certifier’s signature – make sure the original signature of the certifier is in Part II.
- Equipment selection – make sure Part III is completed.

Please fill out this application and fax, scan and e-mail or mail it with the required support documents to:

JoAnne Hirsch, Communications Technology Program Manager
Colorado Commission for the Deaf and Hard of Hearing
1575 Sherman St., Garden Level
Denver, CO 80203

VP: 720-949-7457 Voice: 303-866-2097 Fax: 303-866-4831
E-mail: joanne.hirsch@state.co.us

PART I: APPLICANT'S INFORMATION

Applicant's name (First, Middle, Last) _____

Address _____

(Provide physical address of where you live, not P.O. Box.)

City _____ **County:** _____ **State:** CO **Zip:** _____

Telephone number: _____ VP Voice Other

E-mail address: _____

Date of Birth: _____

Gender: Male Female

I learned about TEDP from: (check all that apply)

Social Service Friend TEDP Flyer Organizational Newsletter

CCDHH Website VR Office Media Other _____

Annual household income - count the number of people in your home and total everyone's annual income:

1 person \$ _____ 2 persons \$ _____

3 persons \$ _____ 4 persons \$ _____

Income information will be used to determine if you are eligible to receive free telecommunications equipment. Eligible applicants shall be awarded program participation on a first-come, first-served non-discriminatory basis, in accordance with the approval date as determined by the dated signature of the CCDHH TEDP staff. Applicants will be placed on a waiting list during times of fiscal constraint.

The wireless device may not be sold, loaned or transferred out of the possession of the Applicant.

Applicant will be responsible for all services outside of the equipment, including activation fee, insurance and monthly service costs.

APPLICANT: I certify that all information given on this application is true. My parent/guardian or I accept responsibility for the equipment and its maintenance.

If applicant is under 18 years old, a parent/legal guardian must sign and assume full responsibility for the equipment.

Signature of Applicant

Date

Parent/Legal Guardian (print)

Signature of Parent/Legal Guardian

Date

PART II: CERTIFICATION OF HEARING STATUS

CERTIFIER: Please identify and verify that the applicant will benefit from the use of express telecommunication equipment. If you have any questions, contact us at: 720-949-7457 (VP), 303-866-2097 (V), 303-866-4831 (Fax), or joanne.hirsch@state.co.us

Please note that the CCDHH TEDP staff does not certify applicants for this program.

The applicant's name (First, Middle, Last): _____

Check one:

S/He is Deaf Hard of Hearing Deaf-Blind

Certifier Name _____

License Number (if available) _____

Name of Business _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Check one:

Licensed Physician Registered Audiologist Licensed Speech-Language Pathologist Service Professional (public or private agency that serves deaf, hard of hearing and/or deaf-blind)

I attest that I am eligible to certify under the provisions of the law. I am aware of the extent of the applicant's hearing status that is consistent with the requirements of the program. The applicant can benefit from the requested equipment.

Signature of Certifier

Date

This program is funded by the Colorado Commission for the Deaf and Hard of Hearing (CCDHH) through the Colorado General Assembly enactment of House Bill 2002-1180 that amended C.R.S. Chapter 216, Article 26.21.106. Monies that are collected as a surcharge on each residential phone line in the state of Colorado by the Public Utilities Commission are distributed from the Disabled Telephone Users Fund.

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Please Type or Print (except for signatures) in blue or black ink.

**PART III: EQUIPMENT SELECTION** (must choose one telecommunications equipment)

**Step 1:** Choose **one** wireless equipment

- iPhone 7 128GB
- iPhone 6s Plus 128GB
- Samsung Galaxy S8 64GB

**Step 2:** Choose **one optional** Amplified Headset or Neck Loop

- Geemarc CLA3 Amplified Headset
- ClearSounds CS-CLA7V2 T-Loop (*amplified power neck loop with microphone*)

**Step 3:** Choose **one optional** ring signaler (accessory) (cannot be ordered as a standalone)

- Serene CA-CX and BS-100 (*cell phone ringer/flasher/bed shaker*)

The TEDP Coordinator **cannot** make the selection of equipment for you.

**Sprint Relay Data Plans**

Eligible and approved Colorado applicants will be required to establish an Individual Liable (IL) account for activation of a Sprint service plan on the equipment distributed by the State.

Applicant will be responsible for all services outside of the equipment, including activation fee, insurance and monthly service costs.

**Credit Eligibility**

Applicants must qualify for a wireless account through Sprint.

Sprint will determine an Applicant's credit eligibility for an Individual Liable service account.

Depending on the results of the credit check, some Applicants may be required to pay a deposit.

The Colorado Commission for the Deaf and Hard of Hearing does not control this credit check. If the Applicant is unable to pay the deposit, the Applicant will not be eligible to receive a Sprint wireless device through the Telecommunications Equipment Distribution Program (TEDP).

# Low Income Guidelines for Colorado Residents

To qualify and receive telecommunication equipment, the applicant's income must be less than 300% of the Federal Poverty Level (FPL) Guidelines based on family size as indicated by the United States Department of Health and Human Services.

Below is the 300% FPL for Colorado:

| Persons in Family                       | Colorado  |
|-----------------------------------------|-----------|
| 1                                       | \$36,420  |
| 2                                       | \$49,380  |
| 3                                       | \$62,340  |
| 4                                       | \$75,300  |
| 5                                       | \$88,260  |
| 6                                       | \$101,220 |
| 7                                       | \$114,180 |
| 8                                       | \$127,140 |
| Families with more than 8 persons, add: | \$12,960  |