



# COLORADO

## Department of Human Services

### Colorado Communications Technology Program (CTP)

## Application for Wireless Equipment

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

**If you are eligible, you will receive a device that matches your telecommunication needs. Please note the program only provides the device and does not pay for service.**

### 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 and/or a copy of your social security award letter (all family members). In order to qualify, the applicant's total household 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. Low-income guidelines can be found here: <http://tinyurl.com/jt42x98>
- Applicant Equipment Information Questionnaire (must be completed).
- 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](mailto:joanne.hirsch@state.co.us)

## APPLICANT EQUIPMENT INFORMATION QUESTIONNAIRE

The below responses will help the CTP Wireless Program determine eligibility and will match qualified applicants to wireless telecommunication equipment (iPhone, iPad, iPad Mini, Jitterbug 5, Jitterbug Smart).

1. Do you own one of the above devices or another type of wireless device?  Yes  No  
If yes, name device? \_\_\_\_\_

If yes, please check one answer below: My equipment

- is currently in working order
- only works sometimes
- is broken
- is borrowed
- does not meet my needs because: \_\_\_\_\_

2. Have you received wireless equipment from CTP in the past four years?  Yes  No  
IMPORTANT: If you have working equipment that meets your needs or you have received equipment from CTP in the past four years, you will not be eligible for the program at this time.

## WI-FI ACCESS AND TECHNOLOGY

1. Do you know how to use the Internet and Wi-Fi technology?  Yes  No

2. Do you currently have access to Internet with Wi-Fi?  Yes  No

If yes, how far away is your Wi-Fi Internet Access?

- in my home
- within 1 miles of home
- within 5 miles of home
- within 10 miles of home
- more than 10 miles from home

3. Are you currently included in a family cellular plan that includes data?  Yes  No  
If yes, what is the name of the cellular provider? \_\_\_\_\_

If no, are you able to obtain a cellular plan that includes data?  Yes  No

4. What is your budget for monthly cellular access?

- \$0 (cannot afford monthly cellular service)
- \$10 - \$30 per month
- \$30 - \$50 per month
- \$50 - \$70 per month

5. Have you ever used an iPhone, iPad, iPad Mini, or other mobile device?  Yes  No  
If yes, which one? \_\_\_\_\_

**PART I: APPLICANT'S INFORMATION**

**Applicant's name** (First, Middle, Last) \_\_\_\_\_  
**Address** \_\_\_\_\_  
 (Provide physical address of where you live, not P.O. Box.)  
**City** \_\_\_\_\_ **State:** CO **Zip:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_  VP  Voice  
**E-mail address (required):** \_\_\_\_\_  
**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** – Total all income from all members of the household:  
 1 person \$ \_\_\_\_\_  2 persons \$ \_\_\_\_\_  
 3 persons \$ \_\_\_\_\_  4 persons \$ \_\_\_\_\_

**Income information and an equipment needs assessment** will be used to determine if you are eligible to receive wireless 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 CCDHDB CTP 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. The wireless device may not be sold, loaned or transferred out of the possession of the Applicant. If the above occurs, CTP may require return of equipment and shall declare the individual ineligible for future equipment from CTP. Applicant will be responsible for all services outside of the equipment, including activation fee and monthly service costs, and will use it for accessing phone and telecommunications-related services, such as videophone, email and texting.

**Applicant statement, signature and information release**

I certify that all information provided on this application is true, complete and correct. I understand that if I purposely provide false information, CTP may require return of equipment and shall declare the individual ineligible for future equipment from CTP. I hereby certify that I have read, understand and can accept all conditions set forth in the application and have the ability to learn to use the equipment selected. 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: 303-866-2097 (V), 720-949-7457 (VP), 303-866-4831 (Fax), or [joanne.hirsch@state.co.us](mailto:joanne.hirsch@state.co.us).

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

**Applicant's name** (First, Middle, Last): \_\_\_\_\_

Check one:

S/He is  Deaf  Deaf-Blind  Hard of Hearing  Late Deafened

**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, 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

The Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind (CCDHHDB) operates this program through the Colorado General Assembly enactment of House Bill 02-1180 that amended C.R.S. 26-21-106. The Telephone Users with Disabilities Fund, monies that are collected as a surcharge on each residential phone line by the Colorado Public Utilities Commission, funds the program.

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

**PART III: EQUIPMENT OPTIONS** (equipment will be selected based on a needs assessment, CTP will determine equipment based on best fit); You may **CHECK YOUR PREFERENCE**.

**iPad Air 2, WIFI Only, 32GB**



**iPad Mini 2, WIFI Only, 32 GB**



**iPhone 7, Cellular, 32 GB**



**Samsung S8, Cellular, 64 GB**



**Samsung Jitterbug 5, ONLY works on GreatCall carrier, via Verizon's network tower**



**Samsung Jitterbug Smart ♦ ONLY works on GreatCall carrier, via Verizon's network tower**  
**NOTE: 2 Megapixel front facing camera. Can be used videophone technology but quality will be a lower grade.**



## **ACCESSORY OPTIONS** (cannot be ordered as a standalone)

### **Ring signaler**

- Serene CA-CX and BS-100 (*cell phone sensor, bed shaker*)

### **Amplified Accessories**

- Geemarc CLA3 Amplified Headset
- Clearsounds CS-CLA7V2 (amplified power neck loop with microphone for those with hearing aids programed with T-coil or Telecoil)

Applicants who receive wireless equipment are encouraged to seek and utilize community resources for training. A local Apple store offers free basic workshops.

For fully accessible instruction videos on IOS devices and Apps, go to <https://www.iaccessibility.com/>. For Samsung support and instructions, go to <https://www.razmobility.com/support/>.

If applicant receives equipment, consumer will not be eligible to apply for another device for four (4) years.

## **WARRANTY COVERAGE (NO ADDITIONAL INSURANCE CAN BE PURCHASED)**

### **iPhone**

AppleCare+ included through CCDHHDB.

Extends coverage for two years from the original purchase date and adds up to two incidents of accidental damage coverage, each subject to a service fee of \$29 for screen damage, or \$99 for any other damage, plus applicable tax. Consumer is responsible for service fees and taxes. Consumer will need to contact Apple for any warranty work.

### **Samsung**

Two-year warranty provided by RAZ Mobility.

Extends coverage for two years from the original purchase date.

For more information, contact RAZ Mobility at 800-729-0083.

### **iPad**

AppleCare+ included through CCDHHDB.

Extends coverage for two years from the original purchase date and adds up to two incidents of accidental damage coverage, each subject to a \$49 service fee plus applicable tax.

Consumer is responsible for service fees and taxes. Consumer will need to contact Apple for any warranty work.

### **Jitterbug**

Four year warranty included. Consumer will need to contact Teltex (888-515-8120) for any warranty work.

# 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	\$36,180
2	\$48,720
3	\$61,260
4	\$73,800
5	\$86,340
6	\$98,880
7	\$111,420
8	\$123,960
Families with more than 8 persons, add:	\$12,540