October 29, 2021

-APPLICATION FOR COMMUNICATIONS EQUIPMENT -

Return to: MTAP, PO Box 4210, Helena, MT 59604

Questions? Call 1-800-833-8503

GENERAL INFORMATION: ☐ **MALE** ☐ **FEMALE**

REQUIRED INFORMATION MARKED WITH **

** SSN_____** Birthdate:_____/_____/_____

**Name: _____
Last First MI

** Street Address: _____
Street City Zip

** Mailing Address: _____
RR, HC, PO Box City Zip

** Land Line Phone #_____ **Phone Service Provider_____

Cell Phone #_____ Cell Phone Service Provider: _____

Internet available? _____

E-Mail Address: _____

** I am a Montana Resident (must be six months or more) ☐ Yes ☐ No

Race/Ethnicity: (Check all that apply):

☐ American Indian or Alaska Native
☐ Asian
☐ White
☐ Hispanic or Latino
☐ Native Hawaiian or Pacific Islander
☐ Black or African American

Additional Contact information: Please DO NOT list yourself

Name: _____Phone #:_____

Address: _____City: _____ Zip: _____

Contact's Relationship to Applicant: _____

How did you hear about MTAP?

☐ Friend ☐ Internet ☐ Phone Book ☐ Radio
☐ Family ☐ Mailer ☐ Phone Company ☐ Other _____
☐ Newspaper ☐ TV ☐ Presentation
☐ Audiologist ☐ SLP ☐ Facebook

** DISABILITY AND EQUIPMENT INFORMATION

The applicant is (check all that apply):

NOTE: Vision disability **MUST** be paired with one of the other listed disabilities to receive MTAP Services

☐ Deaf ☐ Hard of Hearing ☐ Mobility Disabled
☐ Deaf/Blind ☐ Speech Disabled ☐ Deaf with Cochlear Implant
☐ Visually Disabled

Are you a Veteran of the U.S. Armed Forces? ☐Yes ☐No

If Mobility Disabled, please describe: _____
If Hard of Hearing or Deaf, do you wear hearing aid(s)?___, one or two hearing aids__
List any other pertinent information regarding your disability: _____

The applicant requests (check any that may apply):

☐ Amplified Telephone ☐ TTY
☐ Artificial Larynx ☐ Loud Ringer
☐ Captioned Telephone ☐ Light Signaler (ring flasher)
☐ Weak Speech Amplification ☐ Mobile Device
☐ "Hands Free" Speaker Phone
☐ I need MTAP to help me determine what equipment will work the best for me.

please complete back page →

*If you are **Deaf or Speech Disabled**, and are requesting an iOS device, please note what device you are requesting ☐ iPad Air ☐ iPad Mini ☐ iPhone

If you are **Deaf, sign language is required to be your primary mode of communication, if **speech disabled,** the name of a speech pathologist is required in the verifier information section below.

** **INCOME INFORMATION** **Please provide a <u>DOLLAR AMOUNT</u> for income**

** Total Number of Persons in Household: _____

** Total **Annual** Household Gross Income $_____, per year

Note: Participation in our program is based on household income along with the number of persons which that income supports (family size). To qualify, an applicant's family income must be lower than 250% of the Federal Poverty Guidelines, as posted on the MTAP Website:
https://dphhs.mt.gov/detd/mtap/nocostassistiveequipment

VERIFIER INFORMATION

The **professional listed** below can verify my disability:

Note: A verifier can be any medical or hearing professional, a caregiver or social worker who can verify your hearing, speech or mobility disability.
<u>Please DO NOT list yourself, a relative, your pastor or your landlord</u>.

You do NOT need a signature from the verifier.

** Name: _____Telephone: _____

Address:_____

City:_____Zip:_____

Verifier's Occupation (check one):

☐ Licensed Physician ☐ Voc. Rehab. Counselor
☐ Hearing Aid Specialist ☐ Speech Pathologist
☐ Audiologist ☐ MTAP Staff
☐ Other - Please Specify Other: _____

CONDITIONS OF ACCEPTANCE FOR EQUIPMENT LOAN (IF ELIGIBLE**):**

<u>Use and Care:</u> The equipment is for use with the telephone and no other purpose. I agree to protect the equipment against all damage. Any defective equipment, or equipment in need of repair, will be reported to MTAP and returned to the program immediately. I will not try to repair the equipment myself or take it apart. MTAP will replace or repair equipment for qualified consumers.
<u>Theft:</u> If my equipment is stolen, I will report it to law enforcement within 24 hours of discovery. A copy of the theft report must be sent to MTAP within five (5) days of the date the theft was reported.
<u>Loss:</u> If I lose my equipment, I must report the loss to MTAP. I understand that I may not be issued a replacement.
<u>Change of Address:</u> If I move to another location within the State of Montana, I must notify the program of the new address within twenty (20) days after the date of the move. If I move out of the State of Montana, the equipment must be returned prior to the move.
<u>State Property:</u> Because my equipment is the property of the State of Montana, I will not sell, give or loan the equipment to anyone. I understand that if I sell or pawn my equipment, I can be criminally prosecuted.

APPLICATION CERTIFICATION

I have read the above conditions of acceptance and if loaned a device, I agree to comply with all conditions. I understand my failure to comply with all of these conditions will result in my being denied the privilege of having equipment provided by the State of Montana.

I certify under penalty of the offense of false swearing (Section 45-7-202, MCA), that I meet the definition of Deaf, Deaf/Blind, Hard of Hearing, Speech Disabled, or Motion/Mobility Disabled given on the application instruction sheet and that all statements made by me are true and correct to the best of my knowledge. I agree to inform the Montana

Telecommunications Access Program (MTAP) of any changes to this information as long as I am receiving services.

** Applicant's Signature:_____** Date: _____

Responsible Party Signature (if applicant is unable to sign):
Signature:_____ Date: _____