



Application for the Equipment Distribution Program

Complete the form, filling the blanks with the information that applies.

For questions, please contact Missy McManus (Sprint Relay Program Manager) at the following e-mail address: **melissa.mcmanus@sprint.com**

or by regular mail to: **Sprint Relay
Attn: Missy Whatmough McManus
411 Huger Street, Columbia, South Carolina 29201**



APPLICANT'S INFORMATION

(Form must be under the applicant's name or the user's legal guardian, if applicable)

Full name: _____

Last 4 digits of SSN _____ Date of birth _____

Home telephone number _____ Mobile or other number _____

E-mail address _____

Postal Address: _____

Physical address: _____
If different from postal address _____

User's hearing or speech condition:
 Deaf Partial hearing loss Speech disability

If you are the legal guardian of the intended user, please complete the following information:

Name of dependent the equipment is for _____

Dependent's last 4 digits of SSN _____ Dependent's date of birth _____

Dependent's phone number _____

Dependent's e-mail address _____

EQUIPMENT DISTRIBUTION PROGRAM INFORMATION

The purpose of the program is to loan special telephone devices to eligible Puerto Rico citizens. Eligible applicants will be loaned one device per household.

To qualify for this program, applicants shall:

1. Be a resident of Puerto Rico.
2. Be deaf, hard of hearing, or have a speech disability as certified by a physician, audiologist or speech-language pathologist.
3. Have a residential phone line.

It is highly recommended to receive the equipment that best serves your certified hearing or speech disability. If you do know which device can best serve your particular needs, you may mark one of the following or leave blank if unsure:

TTY
Ultratec Miniprint 425



STS
Ultratec CrystalTone



VCO
Ameriphone Dialogue VCO



HCO
Ultratec Uniphone 1140



OTHER
Simplicity Ring Signaler Model L



INCOME ELIGIBILITY

To qualify to receive equipment on loan, all of your household's income shall be at or below the Federal Poverty Guidelines in effect at the moment this form is submitted. It is required to include copy of all applicable income evidence with this form (*income tax reports, work payment stubs, evidence of income from Social Security, military veterans, or others*).

Sources of Income (Wages, Pensions, etc.)	Name under which income is received	Annual Income
		\$
		\$
		\$

Amount of persons in household (including dependents):

Total Income: \$

You may also be automatically eligible if you are enrolled in one of the following programs (*check the ones that apply*):

Medicaid, under the state's Department of Health
Requires MA-10 certification

Federal Section 8 program under the state's
Housing Department.

Supplemental Nutrition Assistance Program (SNAP)
Requires ADSEF-109 certification

Temporary Assistance to Needy Families
(TANF)

Low Income Home Energy Assistance Program
(LIHEAP), known as "energy assistance program"
Requires Puerto Rico ADSEF-109 certification

National School Lunch Program (NSLP),
under the state's Education Department

AGREEMENT SIGNATURE

By signing this form, I acknowledge that Sprint Relay, Converse Communications and the Telecommunications Regulatory Board of Puerto Rico will not be held responsible for any misuse, damage, loss, neglect or theft of the loaned equipment. I certify that the information provided herein is accurate and that I understand that if I become eligible to this program by providing false, incorrect or misleading information, this benefit can be revoked. I commit to notify Sprint Relay's Program Manager within five (5) business days if I will no longer benefit from any of the identified programs in this form through which I became eligible for or if my income or household composition changes. I understand that if I permanently disconnect my residential telephone service, the provided equipment has to be returned within seven (7) business days after service disconnection.

Signature

Date