

iCanConnect

The National Deaf-Blind Equipment Distribution Program

Application Section 2 of 3: Applicant's Personal Data

(Please fill in all fields)

Name of Applicant: _____

Date of birth: _____ Gender: _____

(If you are under age 18, your parent or legal guardian must sign the application.)

Street Address: _____

City/State/Zip Code: _____

Primary Phone: _____ Voice ____ TTY ____ VP ____

Alternate Phone: _____ E-mail: _____

State in which you are a permanent resident _____

Have you participated in iCanConnect (the National Deaf-Blind Equipment Distribution Program) before? *(check Yes or No)* Yes ____ No ____

If yes, what state/states did you participate in iCanConnect? *(list all):*

Did you previously receive equipment through iCanConnect in another state?
(check Yes or No) Yes ____ No ____

If yes, what state/states did you receive equipment through iCanConnect? *(list all):*

How many people are living in your household? _____

Language preference *(check all that apply):*

- ASL
- Tactile ASL/PSE
- No Formal Language
- Signed English
- Other _____

- Close Vision ASL/PSE
- English (spoken)
- Pidgin Signed English
- Spanish (spoken)

Which format do you prefer for written correspondence?

- Braille
- Large Print
- Other _____
- E-mail
- Standard Print

Prefer to be contacted by:

- E-mail
- Text Message
- Video Phone
- Fax
- TTY (dial 711 for Relay)
- Phone (voice)

Alternate Contact (*in case of emergency*): _____

Relationship with Applicant: _____

Street Address: _____

City/State/Zip Code: _____

Primary Phone: _____

E-mail: _____

Feedback/Suggestions (*optional*): _____

How did you hear about this program?

- iCanConnect.org website
- Disability advocacy group
- Education provider /School
- Friends
- Interpreter
- Helen Keller National Center (HKNC) representative
- Independent Living Center
- News / Media (television, magazine, radio)
- Social Media (Facebook, Twitter)
- State Deaf-Blind Project
- Vocational Rehabilitation Counselor
- Other _____
- Conference or Seminar
- Specialist in Deaf-Blind Services
- Family Members
- Healthcare provider
- Senior Center
- Technology vendor

Income eligibility

To confirm your income eligibility, please mail or fax documentation that proves one of the following:

1. You are currently enrolled in a federal program with an income eligibility requirement that does not exceed 400% of the Federal Poverty Guidelines, such as:
 - a. Medicaid
 - b. Supplemental Security Income (SSI)
 - c. Federal public housing assistance or Section 8
 - d. Food Stamps or Supplemental Nutrition Assistance Program (SNAP)
 - e. Veterans and Survivors Pension Benefit; OR

2. Proof of all household income (as described in Section 1)

Please mail or fax a copy of last year's Federal IRS 1040 tax form(s) filed by you and members of your family/household or send other evidence of your total family/household income, such as recent Social Security Administration retirement benefit statement(s) or other pension benefit statement(s).

Applicant attestation (signature required)

I certify that all information provided on this application, including information about my disability and income, is true, complete, and accurate to the best of my knowledge. I authorize program representatives to verify the information provided.

I permit information about me to be shared with my state's current and successor program managers and representatives for the administration of the program and for the delivery of equipment and services to me. I also permit information about me to be reported to the Federal Communications Commission for the administration, operation, and oversight of the program. If I move and apply to any other state iCanConnect program, I also permit all state iCanConnect program(s) I participated in to send my program records to any other state iCanConnect program I apply to.

If I am accepted into the program, I agree to use program services solely for the purposes intended. I understand that I may not sell, give, or lend to another person any equipment provided to me by the program.

If I provide any false records or fail to comply with these or other requirements or conditions of the program, program officials may end services to me immediately. Also, if I violate these or other requirements or conditions of the program on purpose, program officials may take legal action against me.

I certify that I have read, understand, and accept these conditions to participate in iCanConnect (the National Deaf-Blind Equipment Distribution Program).

Print name of applicant or parent/guardian (if applicant is under age 18):

Signature: _____ **Date:** _____

If this application is completed by someone other than the applicant, please state your name:

By affixing my name above, I certify that I am signing this application for the applicant and with the applicant's knowledge and consent.