



State of Rhode Island
 Department of Human Services
 Office of Rehabilitation Services



Adaptive Telephone Equipment Loan (ATEL) Program

40 Fountain Street ~ Providence, RI 02903
 401-486-3325 ~ 401-222-3574 FAX

ATEL APPLICATION FOR WIRELESS DEVICES

Name _____
 (First) (Middle Initial) (Last)

Address _____
 (Street) (Apt #)
 _____ RI _____
 (City) (State) (Zip Code)

Telephone # (401) _____ Cell phone # _____

Last 4 digits of your SS# _____ Date of Birth ____/____/____

Email address: _____

Have you or anyone in your household been issued equipment from the ATEL program?

no yes

Who should we contact to set up delivery?

myself alternate name _____

Relationship _____ Daytime telephone _____

SELF IDENTIFIED DISABILITY (MAY NOT BE VISION DISABILITY ONLY)

You must be Deaf, Hard of Hearing, Deaf-Blind, Hard of Hearing-Visual Disability, Speech Disabled or have a neuromuscular disability to qualify for the ATEL Program.

- Deaf
- Hard of Hearing
- Deaf-Blind
- Hard of Hearing AND Visual Disability
- Speech Disabled _____
- Neuromuscular Disability (such as MS, Parkinson, Rheumatoid Arthritis, Paralyzation) _____

Do not write in this box. For office use only.

Case Number _____

Date Received _____

WIRELESS DEVICE

The ATEL program provides unlocked (except Jitterbug) **WIRELESS DEVICES ONLY**, the client is responsible for choosing and activating their wireless service plan.

Please check ONE box:

SMART DEVICES

If you are looking for a smartphone, we offer an iPhone or a Google Pixel. Although iPhones are very popular devices, if you have a hearing loss, there are some additional features only a Google Pixel offers:

- Live Caption – Captions ALL media on the device. You can test this with a personal video, a podcast or anything else.
- Live Transcribe and Google Recorder- Captions in-person conversations (with or without an internet connection.)
- Caption phone calls- you can have your phone either perform captioning automatically or ask every time.

Android (Google Pixel)

iPhone

iPad

EASY TO USE CELL PHONE WITH BIG BUTTONS

Lively Flip (must use Greatcall wireless service) -Easy to use cell phone with big buttons, Easy to navigate with YES/NO buttons, Voice Dial, Hearing Aid Compatibility.

NOT SURE, WOULD LIKE ASSISTANCE WITH DECIDING

Please call me to discuss my options

* YOU MAY BE ELIGIBLE FOR FREE WIRELESS SERVICES

With approval by the Federal Communications Commission, wireless telephone service providers have begun offering Lifeline service to eligible low-income customers. The terms offered by these providers vary. Consumers should compare terms to determine which provider is best suited to their needs. These Lifeline accounts are limited to one per household. In addition, applicants cannot currently receive Lifeline service on their household phone. Applicants can get a FREE refurbished phone and/or can get FREE wireless service on their own cell phone.

For more information, please visit: <http://www.ripuc.ri.gov/utilityinfo/telecom/Lifeline.html> or call the Lifeline Support Center at 1-800-234-9473.

A. ADAPTIVE TELEPHONE EQUIPMENT LOAN PROGRAM (ATEL) PURPOSE

The primary purpose of the ATEL Program is telecommunications and the secondary purpose is communications. By checking below, you attest that you will use the iPad/iPhone for the specific purposes of the ATEL Program. Failure to complete this application area will lead to the application being denied, and falsification of information will lead to the device being recalled by the ATEL Program.

By **initialing** to the right, I attest that I understand and agree to comply with the **purpose** of the ATEL Program.

B. ADAPTIVE TELEPHONE EQUIPMENT LOAN PROGRAM (ATEL) CRITERIA

The below boxes define the criteria of how the wireless device can be used under the purposes of the Telecommunications Equipment Distribution Program. Please check **AT LEAST** one box.

- By checking this box, I will use the wireless device to access communications via **email**.
 - By checking this box, I will use the wireless device to access communications via **voice call and/or texting. For example: iMessage or Messages.**
 - By checking this box, I will use the wireless device to access telecommunications via **Video Relay Service (VRS.)** For example: Convo, Purple P3, Sorenson nTouch, ZVRS.
 - By checking this box, I will use the wireless device to access telecommunications via **IP Captioned Telephone Service (IP CTS.)** For example: ClearCaptions, Hamilton Cap-Tel.
 - By checking this box, I will use the wireless device to access telecommunications via **Video Calls.** For example: FaceTime, ooVoo, Skype.
 - By checking this box, I will use the wireless device to access telecommunications via **Voice Over Internet Protocol (VoIP) telephone service.** For example: Google Voice
 - By checking this box, I will use the wireless device to access telecommunications via **Alternative Augmentative Communication applications.** For example: Proloquo2Go, iSpeech TTS.
 - By checking this box, I will use the wireless device to access communications via **speech generating applications.** For example: Dragon Dictation.
 - By checking this box, I will use the wireless device to access communications via **specifically designed to be used directly by individuals with physical or mobility disabilities for their specific needs.** For example: A Special phone, Yes/No from I Can Do Apps
- If you are requesting a specific App(s). Please identify the App(s) and the reason for the request. If there is a cost to the App you will have to have a physician, an audiologist, a speech pathologist, a rehabilitation counselor of the Office of Rehabilitation Services (ORS) or a teaching staff member of the RI School for the Deaf (only if the applicant attends, or has attended the school) sign off on this request on your certificate of disability form.

By **initialing** to the right, I attest that I understand and agree to comply with the criteria of the Adaptive Telephone Equipment Loan (ATEL) Program.

APPLICANT INCOME GUIDELINES

Either applicant's gross household income must be less than 250% of the poverty level to qualify for the program. Gross household income includes wages, Social Security and/or pension income if applicable, or applicant must participate in a qualifying program.

Please check all boxes that apply:

I meet the income requirement below.

My family size: ____ Yearly Gross Household Income is: _____

Size of Family	Eligibility Guidelines/ 250% poverty level		
1	\$37,650	\$3,138	per month
2	\$51,100	\$4,258	per month
3	\$64,550	\$5,379	per month

I receive one of the qualifying programs below, please indicate all that apply: food stamps, Medicaid, SSI, heating assistance, rite care, family independence program, general public assistance, RIPAE (assisting tiers 60% &30%) or telephone lifeline service.

I am **not eligible** but would like information on other available resources.

C. REQUIRED DOCUMENTS

Proof of Eligibility

- ✓ Either provide income verification or copy of eligibility card/letter that proves acceptance/participation in eligible low income program.

Proof of Disability included with application

- ✓ Signed certificate of disability.

I understand that this information will be kept confidential and will only be used as required for assistance, reports and audits. I hereby certify that all statements made by me in this application form are true and correct to the best of my knowledge and belief. As long as I am receiving services, I agree to notify the agency if there is any change of the information furnished on this form.

Signature of applicant

Date

Printed name, and if not applicant, relationship to applicant *(Parent or guardian should sign if under 18 years of age)*

PLEASE MAIL YOUR APPLICATION, CERTIFICATE OF DISABILITY AND ALL REQUIRED DOCUMENTS TO:

Department of Human Services
Office of Rehabilitation Services
ATEL Program, 5TH Floor
40 Fountain Street,
Providence, RI 02903