NDBEDP Program

National Deaf-Blind Equipment Distribution Program

South Dakota Department of Human Services

Application Section 1 of 3: Instructions and Guidelines

Overview

The National Deaf-Blind Equipment Distribution Program (NDBEDP) supports local programs that distribute equipment to low-income individuals who are deaf-blind (have combined hearing and vision loss) to enable access to telephone, advanced communications, and information services. This support was mandated by the Twenty-First Century Communications and Video Accessibility Act of 2010 (CVAA) and is provided by the Federal Communications Commission (FCC). For more information about the NDBEDP, please visit http://relaysd.com/about-ted/deaf-blind-edp-program/ or http://www.fcc.gov/ndbedp or http://www.icanconnect.org/

Who is eligible to receive equipment?

Under the CVAA, only low-income individuals who are deaf-blind are eligible to receive equipment provided through the NDBEDP. Applicants must provide verification of their status as low-income and deaf-blind.

Income eligibility

To be eligible, your family/household income must be below 400% of the Federal Poverty Guidelines, as shown in the following table:

2017 Federal Poverty Guidelines			
Number of persons in family/household	400% for everywhere, except Alaska and Hawaii	400% for Alaska	400% for Hawaii
1	$48,240	$60,240	$55,440
2	$64,960	$81,160	$74,680
3	$81,680	$102,080	$93,920
4	$98,400	$123,000	$113,160
5	$115,120	$143,920	$132,400
6	$131,840	$164,840	$151,640
7	$148,560	$185,760	$170,880
8	$165,280	$206,680	$190,120
For each additional person, add	$16,720	$20,920	$19,240
Source: U.S. Department of Health and Human Services			

For purposes of determining income eligibility for NDBEDP, the FCC defines “income” and “household” as follows:

“Income” is all income actually received by all members of a household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, lottery winnings, and the like. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.

A “household” is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An “economic unit” consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians.

See Section 2 for the family/household income information that must be provided with this application.

Disability eligibility

For this program, the CVAA requires that the term "deaf-blind" has the same meaning given by the Helen Keller National Center Act. In general, the individual must have a certain vision loss and a hearing loss that, combined, cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation (working).

Specifically, the FCC’s NDBEDP rule 64.610(c)(2) states that an individual who is “deaf-blind” is:

> (i) Any person:
>
> (A) Who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both these conditions;
>
> (B) Who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and
>
> (C) For whom the combination of impairments described in . . . (A) and (B) of this section cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation.

(ii) The definition in this paragraph also includes any individual who, despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

An applicant's functional abilities with respect to using telecommunications, Internet access, and advanced communications services in various environments shall be considered when determining whether the individual is deaf-blind under . . . (B) and (C) of this section.

Who can attest to a person's disability eligibility?

A practicing professional who has direct knowledge of the person's vision and hearing loss, such as:

- Audiologist
- Community-based service provider
- Educator
- Hearing professional
- HKNC representative
- Medical/health professional
- School for the deaf and/or blind
- Specialist in Deaf-Blindness
- Speech pathologist
- State equipment/assistive technology program
- Vision professional
- Vocational rehabilitation counsellor

Such professionals may also include, in the attestation, information about the individual's functional abilities to use telecommunications, Internet access, and advanced communications services in various settings.

Existing documentation that a person is deaf-blind, such as an individualized education program (IEP), or a statement from a public or private agency, such as a Social Security determination letter, may serve as verification of disability.

See Section 3 for the disability attestation information that must be provided with this application.

Confidentiality policy

Department of Human Services is committed to ensuring that your privacy is protected. Information provided on this application form will only be used to determine eligibility for products and services. Department of Human Services will not sell, distribute or lease your personal information to third parties unless you give permission, or if the NDBEDP program is required by law to do so. Department of Human Services is committed to ensuring that personal information is secure. In order to prevent unauthorized access or disclosure, suitable physical, electronic and managerial procedures are in place to safeguard and secure the information the NDBEDP program collects.

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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 the National Deaf-Blind Equipment Distribution Program before? *(check Yes or No)* Yes ___ No ____

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

_____

Did you previously receive equipment through National Deaf-Blind Equipment Distribution Program in another state? *(check Yes or No)* Yes ___ No ____

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

_____

Language preference *(check all that apply):*
ASL ____ Close Vision ASL/PSE ____ Tactile ASL/PSE ____ English (spoken) ____
No Formal Language ____ Pidgin Signed English ____ Signed English ____
Spanish (spoken) ____ Other – _____

Which format do you prefer for written correspondence?
Braille ____ E-mail ____ Large Print ____ Standard Print ____ Other – _____

Contact By:
E-mail ____ Fax ____ Text Message ____ TTY (dial 711 for Relay) ___ Video Phone ____ Phone (voice) ____

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

Relationship with Applicant: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Phone: _____ **E-mail:** _____

How did you hear about this program?

___iCanConnect.org website
___Conference or seminar
___Disability advocacy group
___Education provider/school
___Family member
___Friend
___Healthcare provider
___Helen Keller National Center (HKNC)
___HKNC rep
___Independent Living Center
___Interpreter
___Media/news
___Medical provider
___Senior Center
___Specialist in Deaf-Blind Services
___State Deaf-Blind Project
___Technology vendor
___Vocational Rehabilitation Counselor
___Other professional
___Other - general
___Department of Human Services Website

Income eligibility

To confirm your income eligibility, please mail or fax a copy of last year's Federal 1040 IRS tax form, or send documentation that proves your eligibility for one of the following federal low-income programs:

_____ Medicaid
_____ Low income home energy assistance
_____ SSI
_____ Federal public housing assistance or Section 8
_____ Food Stamps or SNAP (Supplement Nutrition Assistance Program)
_____ Temporary Assistance for Needy Families (TANF) or Welfare to Work (WTW)
_____ If none of the above apply, last year's Social Security Administration benefit statement or other pension benefit statement

With my signature below I hereby request services and certify that:
1) the information I have provided in this application is true and accurate to the best of my knowledge;
2) the benefit document(s) submitted represent the entire income for my household; and

3) I authorize the confidential release of the disability and income information I have provided, for use solely as required for the administration of my application and delivery of services to the NDBEDP Program.

I acknowledge that I am subject to audit and if I am found providing inaccurate information on this form, I will be prosecuted to the fullest extent allowable by law. Should I become eligible for services, I agree to use these services solely for the purposes intended. I further understand that I may not sell, mortgage, lend or transfer interest in any equipment or services provided to me. Falsification of any records or failure to comply with these provisions will result in the immediate termination of service.

Name of applicant (print): _____

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

Signature of applicant/guardian: _____ Date: _____

Privacy Statement

The Federal Communications Commission (FCC) collects personal information about individuals through the National Deaf-Blind Equipment Distribution Program (NDBEDP), a program also known as iCanConnect. The FCC will use this information to administer and manage the NDBEDP.

Personal information is provided voluntarily by individuals who request equipment (NDBEDP applicants) and individuals who attest to the disability of NDBEDP applicants. This information is needed to determine whether an applicant is eligible to participate in the NDBEDP. In addition, personal information is provided voluntarily by individuals who file NDBEDP-related complaints with the FCC on behalf of themselves or others. When this information is not provided, it may be impossible to resolve the complaints. Finally, each state's NDBEDP-certified equipment distribution program must submit to the FCC certain personal information that it obtained through its NDBEDP activities. This information is required to maintain each state's certification to participate in this program.

The FCC is authorized to collect the personal information that is requested through the NDBEDP under sections 1, 4, and 719 of the Communications Act of 1934, as amended; 47 U.S.C. 151, 154, and 620.

The FCC may disclose the information collected through the NDBEDP as permitted under the Privacy Act and as described in the FCC's Privacy Act System of Records Notice at 77 FR 2721 (Jan. 19, 2012), FCC/CGB-3, "National Deaf-Blind Equipment Distribution Program (NDBEDP),"
https://www.fcc.gov/omd/privacyact/documents/records/FCC-CGB-3.pdf.

This statement is required by the Privacy Act of 1974, Public Law 93-579, 5 U.S.C. 552a(e)(3).

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Application Section 3 of 3: Disability Verification

This disability verification section is to be completed by a practicing professional who has direct knowledge of the applicant's vision and hearing loss and is aware of the disability which constitutes deaf blind as defined on page 2 of this application. Please submit any supporting documentation (SS verification, IL plan, IPE, IEP or an audiological and optometric report). Please complete the following fields, and sign and date at the bottom.

Name and Address of Deaf-Blind Individual (Applicant):

Name: _____

Street address: _____**City/state/zip**: _____

Attester:

Name: _____**Title:** _____

Agency: _____

E-mail: _____ **Phone:** _____

Street address: _____**City/state/zip:** _____

I certify to the best of my knowledge that the individual's disability satisfies the eligibility requirements for the NDBEDP program.

Signature: _____ **Date:** _____

Fax, e-mail, or mail completed application (Sections 1, 2 and 3) to:

Department of Human Services
Attn: Katie Gran
811 E 10th St Dept 21
Sioux Falls, SD 57103-1650

E-mail: Katie.Gran@state.sd.us; Fax: 605-367-5327; Telephone inquiries: 605-367-4657
If scanned documents are submitted, please use PDF format
(This document is available upon request in hard copy print and electronic text)