iCanConnect/NJ
The National Deaf-Blind Equipment Distribution Program

DOB:_____ TODAY'S DATE:_____

Applicant's Name: _____

Address:_____

City:_____ Zip Code:_____

Phone:_____ This is a: ☐ Voice ☐ VP ☐ Text ☐ TTY

Cell Phone _____ This is a: ☐ Voice ☐ Text

Mobile Provider:_____ E-mail:_____

Alternate Contact:_____

NAME PHONE # E-MAIL

PROOF OF INCOME ELIGIBILITY

To be eligible for this federally funded program, your household income cannot exceed 400% of the federal poverty guidelines. ***Please provide one or more of the following to document your income eligibility:***

☐ SSI ☐ Federal Public Housing Assistance (Section 8)

☐ Medicaid ☐ Low-Income Energy Assistance Program

☐ Temporary Assistance for Needy Families

☐ Supplemental Nutrition Assistance Program (Food Stamps)

☐ Participant in National School Lunch Programs' Free Lunch Program

☐ Federal Income Tax Return

The 2017 income guidelines are listed below:

2017 Federal Poverty Guidelines	
Number of persons in family/household	**400% for everywhere, except Alaska and Hawaii**
1	**$48,240**
2	**$64,960**
3	**$81,680**
4	**$98,400**
For each additional person, add	**$16,720**

TELL US ABOUT YOURSELF

I am a client of NJ CBVI. ☐ Yes ☐ No Counselor:_____

I am a permanent resident of the State of New Jersey. ☐ Yes ☐ No

I am: ☐ Employed ☐ A student ☐ Unemployed ☐ Retired/Homemaker

The cause of my hearing loss is:

☐ Born Deaf ☐ Lost my hearing as a child ☐ Lost my hearing as an adult

I would describe my level of hearing as:

☐ Deaf ☐ Hard of Hearing

The cause of my vision loss is:

☐ Born Blind ☐ Lost my sight as a child ☐ Lost my sight as an adult

I would describe my level of vision as

☐ Blind ☐ Low Vision, **please describe:**

My preferred ways to communicate are (please check all that apply):

☐ American Sign Language ☐ Spoken English
☐ Signed English ☐ Close-Vision Sign Language
☐ Tactile Sign Language ☐ Other: _____

*Are you in need of interpreter services? ☐ ASL ☐ Tactile ASL

My preferred way to read is:

☐ Print ☐ Large print ☐ Braille ☐ Listening

Please include documentation to verify your combined vision and hearing loss. Documentation would consist of an updated audiogram and eye report.

TELL US ABOUT YOUR CURRENT COMMUNICATIONS TECHNOLOGY

1. **How do you make phone calls?**

2. **Tell us about your computer experiences. Do you use a computer now, or have you used one in the past? Have you ever had computer training? If so, where? When?**

3. **What do you like about the communications technology you're using now or a device you used in the past?**

4. **What's not working? What would you like to be able to do?**

How did you hear about the program?

☐ Event/Conference_____ ☐ Support Group_____

☐ VR Counselor/DB Specialist ☐ Today's Senior Magazine

☐ Facebook/Twitter/icanconnect.org ☐ Other:_____

REQUEST FOR iCanConnect/NJ SERVICES

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 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).

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).

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

_____ _____

Signature Date

RETURN THIS COMPLETED FORM TO

Carly Fredericks
The College of New Jersey
PO Box 7718
Ewing, New Jersey 08628
E-mail: carly.fredericks@tcnj.edu • Telephone: (609)771-2711• Fax: (609)637-5144

If scanned documents are submitted, please use PDF format.