



Idaho Council *for the* Deaf and Hard of Hearing

7950 West King Street, Suite 101, Boise, ID 83704

APPLICATION FOR IPAD LOAN PROGRAM

The Idaho Council for the Deaf and Hard of Hearing recognizes that during the COVID-19 pandemic, many Deaf/DeafBlind/Hard of Hearing residents in Idaho became isolated due to lack of access to technology for communication. For this reason, Idaho CDHH has created an iPad Loan Program through CARES Act funding that will allow Deaf/DeafBlind/Hard of Hearing residents, to use for their communication needs. If you are interested in applying, please read the criteria below to ensure you qualify and complete the form below.

Applicant Criteria

- Must be a resident of Idaho
- Must be Deaf, Hard of Hearing, or DeafBlind
- Must be 18 years or older *(some exceptions may apply- please contact Idaho CDHH with questions about exceptions)*
- Must have access to WiFi *(either home or in a public place such as the library, McDonalds, Starbucks, etc.)*
- Must have a financial need *(unable to purchase a device)*
- 6-month loan period with option to renew as needed
- Must complete all program-related surveys from Idaho CDHH

Applicant Information

First Name	Last Name	Date of Birth
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Residential Address <i>(home)</i>	City	State	Zip Code
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Mailing Address <i>(if different from above)</i>	City	State	Zip Code
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Email Address

Phone Number	<input type="checkbox"/> Voice	<input type="checkbox"/> VP	<input type="checkbox"/> TTY	<input type="checkbox"/> Text
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Secondary Phone Number	<input type="checkbox"/> Voice	<input type="checkbox"/> VP	<input type="checkbox"/> TTY	<input type="checkbox"/> Text
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Which of the following do you identify as? *(please check one)*

Deaf
 DeafBlind
 Hard of Hearing
 Other _____

Do you use sign language to communicate?

Yes, I use sign language
 No, I do not use sign language

COMPLETING THIS FORM FOR SOMEONE ELSE?

Please complete this section. If you are the applicant, skip to the next section.

First Name

Last Name

Relationship to applicant

Email Address

Phone Number

Voice

VP

TTY

Text

Program Specific Information

1. Do you have access to WiFi? (Either in your home or a public location such as library, McDonalds, Starbucks, etc.)

Yes, I have access to WiFi

No, I do not have access to WiFi

Other _____

2. Do you have another device (computer, iPad, or tablet) at home that has video capabilities? (This program will prioritize those who do not have a computer or tablet at home.)

Yes, I have another device

No, I do not have another device

Other _____

3. Annual Household Income (please include SSI, SSDI, wages) _____

Number of people in your family/household _____

4. What would you use the iPad for? (Check all that apply)

Connecting to Video Relay Service (VRS)

Text Apps (iMessage, WhatsApp, Messenger)

Connecting to a Video Phone App (VP)

Newsfeed

Email

Other _____

Video Apps (FaceTime, Skype, Zoom, etc.)

Other _____

5. If selected for this program, would you need assistance in learning how to use the iPad?

Yes, I would need assistance

No, I won't need assistance

Other _____

6. Please provide a copy of your photo ID (driver's license, Idaho state identification card, or passport).

This information will not be shared with anyone outside of CDHH

- Attach a copy of your photo ID to this application
- Email a copy of your photo ID to dawn.wells@cdhh.idaho.gov
- Text a copy of your photo ID to (208) 914-3464

Applicant Acknowledgement

Please read and initial

_____ I certify that all information on this form is correct, to my knowledge, and I acknowledge that completing this form does not guarantee my acceptance into the iPad loan program.

_____ I certify that the applicant of this form is Deaf, Hard of Hearing or DeafBlind.

_____ I certify that the applicant of this form meets the income criteria required of the program.

_____ I acknowledge that I am responsible for the return of the iPad and case to the Idaho Council for the Deaf and Hard of Hearing at the end of my loan term regardless of the device condition.

Applicant Signature

Date

To submit this application by mail, send it to:

Idaho Council for the Deaf and Hard of Hearing
7950 W. King Street, Suite 101
Boise, Idaho 83704

Income Eligibility

To be eligible, your total family/household income must be below 250% of the Federal Poverty Guidelines, as shown in the following table:

Number of persons in family/household	250% for Idaho
1	\$36,450
2	\$49,300
3	\$62,150
4	\$75,000
5	\$87,850
6	\$100,700
7	\$113,550
8	\$126,400
For each additional person, add	\$12,850