

**Mississippi Relay**  
 Equipment Distribution Program  
 232 Market Street, Suite K  
 Flowood, MS 39232  
 www.mississippirelay.com

Voice Mail: 601-936-5012  
 Fax: 601-709-4625  
 TTY: 601-709-4624  
 Videophone: 601-206-0206

## APPLICATION

### APPLICANT INFORMATION

I am a resident of Mississippi Yes  No

Have you applied for EDP equipment in the past? Yes  No

If marked yes, when? \_\_\_\_\_

What is your mode of communication?    Sign Language     Speech     Written

Name of Applicant (Last, First, Middle Initial)

Social Security Number ( <b>last four</b> )	Date of Birth (mm/dd/yyyy)	Race/Ethnicity	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
---	----------------------------	----------------	--

Physical Street Address

City	State	Zip Code	County
------	-------	----------	--------

Mailing Address (if different from above)	City	State	Zip Code
---	------	-------	----------

Home Telephone No. (      )	Type of phone (check one) Voice <input type="checkbox"/> TTY <input type="checkbox"/> VP <input type="checkbox"/>	Alternate Telephone No. (      )	Type of phone (check one) Voice <input type="checkbox"/> TTY <input type="checkbox"/> VP <input type="checkbox"/>
--------------------------------	--	-------------------------------------	--

Email Address

### OTHER CONTACT PERSON

(Please provide contact information for a person not living with you)

Name

Address	City	State	Zip Code
---------	------	-------	----------

Home Telephone No. (      )	Type (check one) V <input type="checkbox"/> TTY <input type="checkbox"/> VP <input type="checkbox"/>	Relationship to you
--------------------------------	---	---------------------

**TELEPHONE SERVICE**

**Please note:** There may be compatibility issues with some types of phones and phone service providers resulting in a phone not functioning properly.

What is the name of your telephone service provider?

Do you have high speed internet or DSL? Yes  No

**REFERRAL**

How did you learn about EDP?

- |                    |                          |                        |                                |
|--------------------|--------------------------|------------------------|--------------------------------|
| Newspaper/TV       | <input type="checkbox"/> | Health Fair            | <input type="checkbox"/>       |
| Audiologist/Doctor | <input type="checkbox"/> | Website                | <input type="checkbox"/>       |
| Friend/Family      | <input type="checkbox"/> | MRS Staff              | <input type="checkbox"/>       |
| Presentation       | <input type="checkbox"/> | Other (please explain) | <input type="checkbox"/> _____ |

**EQUIPMENT AVAILABLE:**

The following are examples of equipment available. Please check the equipment you are requesting. EDP staff may assist you in finding equipment that meets your needs.

Do you or will you need training? Yes  No

Do you need a phone flasher? Yes  No

**PLEASE CHECK ONLY ONE**



Ultratec Miniprint 425



CapTel 840



Ultratec Uniphone



Dialogue VCO Phone

- HCO-Ultratec Uniphone 1140:** This model will only work with landline phones and it allows an individual who has a speech disability to listen to the person they are calling.
- VCO-Ameriphone Dialogue VCO:** This model will only work with landline phones and it enables a person with hearing loss to speak directly to a hearing individual.
- Captioned Telephone (CapTel 840):** This model will only work with landline phones (phones that are directly plugged into a wall jack) or some phones with DSL internet service.
- TTY (Ultratec Miniprint 425):** Allows a deaf user to send and receive typed messages.

---

By signing this application I understand and accept the **Conditions of Acceptance (pages 4-5)** and certify that the information I have given is true.

---

*Applicant's Signature*

*Date*

**Note: If the applicant is a minor (under 18), then a parent or legal guardian must sign.**

**KEEP THIS PAGE FOR YOUR RECORDS****CONDITIONS OF ACCEPTANCE:**

If you receive equipment from this program, the following conditions will apply:

- i. I understand that the equipment remains the property of the state of Mississippi for two (2) years and then becomes my property. If I abuse the equipment during these two years, I can be held financially responsible for the replacement, repairs and shipping costs.
2. I will cooperate and comply with inventory/follow up requests.
3. I may exchange equipment if:
  - a. It is stolen, damaged through natural disaster, or damaged by something out of my control. (A police or fire report must be sent to EDP)
  - b. It no longer meets my needs due to a change in my disability. (New certification may be required and sent to EDP)
  - c. It does not work (broken) or cannot be repaired due to normal wear and tear.
4. (Individual must still be approved by EDP and re-application may be necessary after the two year time period).
5. I understand the equipment I receive today must be returned to EDP within 30 days if:
  - a. I move to another state.
  - b. I no longer need or want the equipment.
  - c. I no longer have phone service.
  - d. I move to a facility where I no longer have personal phone service.
6. I understand I need to contact EDP at [MississippiRelay@t-mobile.com](mailto:MississippiRelay@t-mobile.com) if:
  - a. My address or phone number changes.
  - b. I will be out of state more than 90 days with my equipment.
  - c. Death occurs in the first two years after receipt of equipment, executor or other responsible person should contact EDP to make arrangements for possible return of the equipment if applicable or supply appropriate information to complete transfer of equipment to another eligible individual (including, but not limited to, certification of disability).
7. If my equipment stops working, I will not try to fix it but will contact EDP at [MississippiRelay@t-mobile.com](mailto:MississippiRelay@t-mobile.com) for instructions as to what I need to do.
8. I understand that I cannot sell, give away, pawn or loan this equipment to anyone else. This

could result in suspension from EDP for four (4) years from the date EDP was made aware that I broke the rules.

9. I am responsible for all extra materials including batteries, light bulbs, electrolarynx accessories and other miscellaneous supplies.
10. I am responsible for keeping the equipment clean and protected (away from rain, heat, bugs, pets, liquid, sticky/greasy substances and excessive smoke from tobacco use).
11. I understand that this agreement is binding for any additional or exchanged equipment that I receive from the program.
12. I understand it against State law to file any false statements regarding my application, income, theft, loss or damage to the equipment. Failure to comply with the conditions of acceptance may result in me being denied participation in the equipment program.

## **YOUR RIGHTS:**

### **Fair Treatment**

Mississippi Relay Service is in compliance with Titles VI and VII of the Civil Rights Act, the Americans with Disabilities Act and is operated, managed and delivers services without regard to age, religion, disability, sex, race, color or national origin.

### **Confidentiality**

All Applicant information will be kept confidential except for approved release of information for a specified purpose. The requested information is voluntary; however, failure to provide information may result in delay or denial of services.

### **How to Appeal**

You have the right to appeal if you do not agree with our action or you feel that EDP did not act on your request for services. To appeal contact the MRS Commissioner's Office in writing at: Mr. Jody Ray, P.O. Box 1174, Jackson, MS 39215 or call 601-961-5449.

### **Need to contact us?**

1-601-936-5012 (Voice Mail)

1-601-709-4624 (TTY)

1-601-709-4625 (Fax)

1-601-206-0206 (Videophone)

Office Hours: Monday - Friday: 8:00 am - 4:30 pm