

Do you have trouble using your telephone?

The Telephone Equipment Distribution Program can help



What is the Telephone Equipment Distribution (TED) Program?

The TED Program provides telephone equipment to Minnesotans who have a hearing loss, speech disability or physical disability that limits their use of a standard telephone.

What equipment is loaned?

- Amplified telephones that clarify voices
- Braille telephones for people who are deafblind
- Captioned telephones
- Speaker phones
- Speech amplifying telephones
- Telephone equipment for specific accommodations
- Telephone ring signalers

How much does this service cost?

The equipment is provided on a long-term basis **at no cost.**

In Minnesota, a surcharge on all telephone lines funds the TED Program.

How do I qualify?

You must provide proof that you:

- Are a Minnesota resident
- Have a hearing loss, speech disability or physical disability that limits your use of a standard telephone
- Have telephone service or have applied for telephone service
- Have a family income less than or equal to these guidelines:

family size	annual gross income
1	\$49,081
2	\$64,183
3	\$79,285
4	\$94,387

These guidelines are effective October 1, 2016 to September 30, 2017.

What if my income is too high to qualify?

The TED Program can provide information as to where to buy the telephone equipment.

This information is available in accessible formats for individuals with disabilities by calling 1-800-657-3663 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

How do I apply?

New applicants – Fill out and sign the application.
Send it with the required verifications:

By mail: MN TED Program, 444 Lafayette Rd. N.,
St. Paul, MN 55155-3814

By fax: 651-431-7587

By email attachment: ted.program@state.mn.us

If you currently have equipment from the
TED Program, please contact us for assistance.

If I qualify, how will I get the equipment?

The TED Program Specialist in your region will
contact you to make arrangements for you to receive
the equipment.

Where are the regional offices?

- Duluth
- Mankato
- Moorhead
- St. Cloud
- St. Paul

What if I have questions?

Voice: 800-657-3663

VP: 651-964-1514

TTY: 888-206-6555

Email: ted.program@state.mn.us

Website: mn.gov/dhs/ted-program

Fax: 651-431-7587

Equipment repairs:

Voice: 888-345-1725

TTY: 888-206-6564



Minnesota Department of **Human Services**

The Telephone Equipment Distribution Program is funded through the Department of Commerce –
Telecommunications Access Minnesota (TAM) and administered by the
Minnesota Department of Human Services.

Loan Contract: Telephone Equipment Distribution (TED) Program

If you receive equipment from the TED Program, this loan contract will apply:

1. I understand that the equipment I am borrowing for telephone access belongs to the State of Minnesota; I do not own it.
2. If the equipment stops working properly, I will notify the TED Program at 888-345-1725 (Voice) or 888-206-6564 (TTY).
3. I will take good care of the equipment to ensure it is not damaged, stolen, or lost. Damage could include a fire, cigarette smoke and/or liquid spills etc. If it is damaged, stolen, or lost, I will contact the TED Program immediately at 888-345-1725 (Voice) or 888-206-6564 (TTY).
4. I will notify the TED Program if my address or telephone number changes.
5. I understand if any of the circumstances occur below, I will contact the TED Program:
 - I no longer live in Minnesota
 - I no longer have telephone service
 - I no longer need the equipment
 - I no longer qualify based on my income
6. I understand I cannot sell, give away, pawn or loan this equipment to anyone else. If this occurs it could result in discontinuation of services from the TED Program.
7. I understand that this agreement is binding for any additional or exchanged equipment I receive from the TED Program.
8. I understand that I may receive a survey about my experience with the telephone equipment.

Keep this page.

Read this before filling out the application.

Notice of Privacy Practices

This notice describes how private information about you may be used and disclosed and how you can get access to this information. Review it carefully.

You have privacy rights under State and Federal Laws. These laws protect your privacy, but also let us give information about you to others if a law requires it. We may tell you before we give the information.

Why do we ask you for this information?

- To decide if you are eligible to get telephone equipment
- To make reports, do research and evaluate our program
- To tell you apart from other people with the same or similar name.

Do you have to answer the questions we ask?

Participation in our program is completely voluntary. You can refuse to answer any questions we ask during the interview. However, to receive telephone equipment we need questions answered.

With whom may we share the information about you?

We may give information about you to the following agencies if they need it for investigations or to help you or help us help you. We don't always share information about you with these people.

- Minnesota Department of Human Services
- Minnesota Department of Commerce
- Telecommunications Access Minnesota (TAM) - Minnesota Relay Provider
- Minnesota Public Utilities Commission
- Your telephone company
- Equipment vendors the state purchases from
- Anyone else to whom the law says we must or can give the information.

You have rights regarding your information.

- You may ask if we have any information about you and get copies. If you do not understand the information, you may ask to have it explained to you.

- You may give other people permission to see and have copies of private data about you, including protected information.
- If we have collected protected information about you, we may use it only for the purposes that we have listed in this notice.
- You may question the accuracy of any information about you. If so, send your concerns in writing.
- You have the right to ask us to share with you in a certain way or in a certain place. For example, you may ask us to send private information to your work address instead of your home address. You must make this request in writing. If we find that your request is reasonable, we will grant it.
- You can ask us to restrict uses or disclosures of your protected information. Your request must be in writing. You can request to end these restrictions at any time by calling or by writing to us. We are not required to agree to your restrictions.
- You have the right to receive a record of people or organizations that we have shared your protected information with. If you want a copy of this record, you must send a request in writing to the privacy official listed below.

What if you believe your privacy rights have been violated?

You may complain if your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your data privacy has been violated, you may send a written complaint either:

- Directly to that organization, *or*
- To the federal Office for Civil Rights at:
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone: 312-886-2359
FAX: 312-886-1807
TTY: 312-353-5693

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above, or to:

Privacy Official
Minnesota Department of Human Services
PO Box 64998
St. Paul, MN 55164-0998

Applicant's name (Please print)

Last		First			MI
Address			Apt/Rm		County
City		State MN	Zip Code		Email Address
Primary Telephone Number		Home	Cell	Secondary Telephone Number	
				Home	
				Cell	
How did you learn about our program?					
Date of Birth (mm/dd/yyyy)		Male Female		Number of dependent children (Age 17 and under)	

Spouse's name (Please print)

Last		First			MI	Date of Birth (mm/dd/yyyy)
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If we cannot reach you, who can we contact?

Name			Relationship to you		
Telephone Number Home Cell Work			Email Address		
Call the contact person instead of me, the applicant.					

Demographics (optional)

Ethnicity: American Indian Asian American Black/African American Hispanic/Latino Caucasian Other

What insurance are you on? Medical Assistance MA Waiver Other insurance No insurance

Are you receiving county assistance? Yes I receive NO county assistance

How do I qualify?

How do I qualify?	Yes	No	Required documents to include: (Please do not use staples, tape or cutouts.)
1. Are you a Minnesota resident?			<ul style="list-style-type: none"> A copy of one of the below documents that has your name and address listed A copy of your driver's license OR A copy of your state ID card
2. Do you have telephone service?			<ul style="list-style-type: none"> A copy of your most recent phone bill (one page) OR Other proof of phone service
3. Do you have a hearing loss, speech or physical disability that prevents you from using a standard phone?			<ul style="list-style-type: none"> Completed "Certification of Disability" form OR A statement of disability by a qualified professional OR A copy of a hearing aid receipt or audiogram (hearing test)
4. Does your household make less than the state median income guidelines? (see front page of brochure for income guidelines)			<ul style="list-style-type: none"> A copy of page one of Federal Tax Form 1040 with Social Security included (no e-file) OR A recent bank statement showing direct deposits OR TAP/Lifeline credit on phone bill

If you answered NO to any of the questions 1-4, please call the TED Program at 800-657-3663 for additional information.

Your application will be processed faster if you sign this form and send in the required verifications.

The facts on this application and on the enclosed information (see above) are true and complete. I have read the Notice of Privacy Practices and understand my rights and responsibilities. If I receive equipment from the TED Program, I agree to the terms of the Loan Contact.

Applicant or guardian signature	Date
Additional family member's signature (spouse), if eligible for TED Program	Date

Certification of Disability

A qualified health or human services professional may fill this out. Examples are a medical doctor, nurse, audiologist, hearing aid dispenser, physical/occupational therapist or social worker. If you are unable to do this, please call 800-657-3663 (Voice) or 888-206-6555 (TTY).

I certify that the applicant (client's name) _____ is:

- | | |
|-----------------|-----------------------------|
| Deaf | Deafblind |
| Hard of Hearing | Hard of Hearing/Vision Loss |
| Speech Disabled | Physically Disabled |

and is in need of accessible telephone equipment to the best of my knowledge.

Professional's name (please print)	
Title	
State license number	Telephone number
Email address	
Professional's signature	Date
Additional comments	



Equipment to be loaned is at the discretion of the TED Program Specialist and is not limited to the pictures shown here.

Mail all information to: MN TED Program, 444 Lafayette Rd N, St. Paul, MN 55155-3814

For additional questions, contact the MN TED Program at:

Voice 800-657-3663 VP 651-964-1514

Consumers with hearing or speech disabilities may contact us via their preferred telecommunications relay service.

Fax 651-431-7587 Email ted.program@state.mn.us Website mn.gov/dhs/ted-program TTY 888-206-6555

Office use only:

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣຕຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LE1-0001 (3-13)

Discrimination is against the law.

You have the right to file a complaint if you believe you were treated in a discriminatory way by a human services agency. You can contact any of the following agencies directly to file a civil rights complaint.

The **Minnesota Department of Human Services, Equal Opportunity and Access Division**, prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability or sex (including sex stereotypes and gender identity under any health program or activity receiving federal financial assistance). Contact the Equal Opportunity and Access Division directly:

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (Telephone) or use your preferred relay service

The **Minnesota Department of Human Rights** prohibits discrimination in public services programs because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or public assistance status. Contact the Minnesota Department of Human Rights directly:

Minnesota Department of Human Rights
Freeman Building
625 North Robert Street
St. Paul, MN 55155
651-539-1100 (Telephone) and 800-657-3704 (Toll Free)
651-296-1283 (TTY)

The **U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability and in some cases religion and sex. Sex includes sex stereotypes and gender identity under any health program or activity, receiving federal financial assistance, such as the Medicaid and CHIP programs, hospitals, clinics, employers, insurance companies and state health insurance exchanges created under Title I of the Affordable Care Act. Contact the federal agency directly:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (Telephone) and
800-368-1019 (Toll Free)
800-537-7697 (TTY)