

MAT APPLICATION – PART 1

MARYLAND ACCESSIBLE TELECOMMUNICATIONS

301 W. Preston Street, Suite 1008A, Baltimore, MD 21201

800-552-7724 or 410-767-6960 (Voice/TTY) 443-453-5970 (Video Phone) mdrelay.org

Please print. Please use ink.

Name: Last First MI

Mailing Address (must not be a PO box) Apt.

City State Zip Code

Social Security Number (last 4 digits) Date of Birth: mm/dd/yyyy

E-mail

Your county (check one):

- | | | | |
|---|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Carroll | <input type="checkbox"/> Harford | <input type="checkbox"/> Saint Mary's |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Cecil | <input type="checkbox"/> Howard | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Charles | <input type="checkbox"/> Kent | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Calvert | <input type="checkbox"/> Frederick | <input type="checkbox"/> Prince George's | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Caroline | <input type="checkbox"/> Garrett | <input type="checkbox"/> Queen Anne's | <input type="checkbox"/> Worcester |

Voice TTY VCO HCO STS Video

Phone Number Circle all that apply

No phone? Can't use the phone? Who can we call?

Name

Relationship Phone Number

Under 18? Have a guardian?

Parent/Guardian Name E-mail

Voice TTY VCO HCO STS Video

Phone Number Circle all that apply

Your means of communication—please check all that apply:

- | | | | |
|--|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Voice | <input type="checkbox"/> Read lips | <input type="checkbox"/> ASL | <input type="checkbox"/> Signed English |
| <input type="checkbox"/> Written notes | <input type="checkbox"/> TTY | <input type="checkbox"/> Braille | |

Applied before?

☐ No ☐ Yes—what year? _____

To request this information in an alternative format, please contact
Maryland Relay Customer Service at 800-552-7724 or 410-767-6960 (Voice/TTY) 443-453-5970 (Video Phone)

MAT APPLICATION – PART 2 ELIGIBILITY

MARYLAND ACCESSIBLE TELECOMMUNICATIONS

301 W. Preston Street, Suite 1008A, Baltimore, MD 21201

800-552-7724 or 410-767-6960 (Voice/TTY) 443-453-5970 (Video Phone) mdrelay.org

ARE YOU (if yes, put a check)

- ☐ More than 5 years old?
- ☐ A Maryland resident?
- ☐ Someone who has difficulty using a standard phone because of a disability?

DO YOU (if yes, put a check)

- ☐ Have landline telephone service in your home now?
If not, have you applied to get telephone service? ☐ Yes ☐ No

Receive one of the following:

- ☐ Social Security (SSA)
- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Insurance)

Please include a copy of your Social Security Administration Award Letter.

OR

- ☐ Veterans (VA) benefits
- ☐ Temporary Disability Assistance Program (TDAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Pharmacy, medical, or housing assistance

Please include a copy of paperwork as proof of eligibility.

OR

- ☐ Live on a limited or fixed income

Please include last 2 pay stubs, OR; unemployment pay stubs, OR; last year's income tax forms.

PLEASE DO NOT SEND ORIGINALS (they will not be returned)!

ALSO INCLUDE:

- ☐ Copy of your telephone bill (or other utility bill)
- ☐ Copy of your photo ID, driver's license, or identification card

PLEASE DO NOT SEND ORIGINALS (they will not be returned)!

For additional applications, please visit mdrelay.org
Or, email: moreinfo@mdrelay.org

MAT APPLICATION – PART 3

STATEMENT OF TERMS AND CONDITIONS

for Acceptance of State Property for Personal Use

I understand and agree to the following:

1. The telecommunications equipment is the property of the State of Maryland. The equipment is loaned to me for my personal use to access the telephone and I may use it for as long as I am a resident of this State. The conditions of my use are: (1) I will not sell, pawn, give away, loan it, or otherwise transfer my rights I might have to this equipment to others and (2) I will comply with all of the terms and conditions of this statement which I voluntarily agree to sign.
2. I will protect the equipment from damage by liquid, extreme temperatures, and poor care. I understand if the equipment is damaged, I may be required to pay for repairs.
3. If the equipment is damaged, I will NOT try to repair or disassemble equipment. I will return equipment to the vendor. I understand if I try to repair or disassemble equipment, it will void the manufacturer's warranty and I will be required to pay for repairs on equipment.
4. When equipment repair is needed due to NORMAL WEAR & TEAR, at the MAT office's discretion, it will be provided to me at no cost. I must send the equipment back to the vendor for service.
5. If my equipment is STOLEN, I will report it to the police immediately. I will send a copy of the police report to the MAT office immediately. I can not be issued a replacement until I have done this.
6. If I LOSE my specialized telephone equipment, I must report the loss to the State of Maryland/MAT office. I understand that the State will NOT give me another piece of equipment if lost.
7. I understand that I am solely responsible for use of the equipment and such use is at my sole risk and expense. I am solely responsible for any information, including confidential and personally identifiable information, I store on the equipment, or I provide to others by use of equipment, including ensuring the accuracy, authenticity, completeness and compliance with applicable law governing my use of the equipment, and for all related liabilities and responsibilities. Neither I nor any other person has the right to assert any claim or cause of action against the State of Maryland as a result of or in connection with the use of, or inability to use, the equipment. If the State of Maryland incurs any liability as a result of my use, or inability to use, the equipment, I will indemnify the State of Maryland to the full extent of any such liability.
8. I understand that it is against the law to file false statements regarding lost, damaged, or stolen State property. I understand that false statements filed by me can result in my being criminally prosecuted. I understand that if I SELL or PAWN the equipment, I can be criminally prosecuted. I understand and agree to defend, indemnify, and hold harmless the State of Maryland, and its units, agents, agencies, departments, officials, representatives, and employees from any and all claims, damages, and expenses of whatever nature arising out of use or misuse of equipment by me or any person of equipment given to me for my personal use. I further understand and agree that the State of Maryland, and its units, agents, agencies, departments, officials, representatives, and employees are not responsible for equipment furnished by the supplier of the equipment, for any acts of omissions of the supplier or the manufacturer of the equipment. Any claims or disputes over the equipment may be asserted solely against the supplier or the manufacturer of the equipment. The State shall not be considered a seller of the equipment and shall not be considered in any way a party to any transaction(s) between the customer and the supplier or manufacturer of the equipment.
9. Failure to comply with these Conditions of Acceptance may result in my being denied the privilege of having specialized telephone access equipment provided by the State of Maryland.
10. Upon approval of an application form, I understand I will be notified of acceptance in writing. If necessary, I will request training specific to the device I will receive. If I am a minor, a parent/guardian will accompany me to the required training to sign this statement. If I am physically unable to attend training, I can call 800-552-7724 (Voice/TTY) 443-453-5970 (Video Phone) to arrange for alternative site training.

Having read the above conditions or having them read and explained to me, I agree to comply with all of the terms and conditions that I, or the minor for whom I am signing, is eligible to receive the requested equipment having (1) the required medical certification of disability; (2) met the income guidelines by currently receiving SSI, SSDI, TDAP or TANF; (3) signed the statement of terms and conditions for acceptance of State property; and (4) am not receiving similar equipment through other State or Federal agencies, or departments.

Print Name

Signature (*Applicant or parent/guardian, if under 18 years old*)

Date

Witness

Date

Signature of Interpreter (*if forms were interpreted*)

Date

Tablet Statement of Terms and Conditions

I understand and agree to the following:

1. This Tablet Statement of Terms and Conditions is an addendum to the MAT Application- Part 3, Statement of Terms and Conditions for Acceptance of State Property for Personal Use ("Mat Application"). All terms and conditions of the MAT Application remain applicable to tablet and tablet peripherals. In the event of any conflict between these terms and conditions and those contained in the MAT Application, the MAT Application shall prevail.
2. The tablet is the property of the State and is loaned to me for my personal use as an assistive telecommunications device. Except as otherwise provided, I understand that I have no ownership, interest or right to title in the tablet.
3. The State is the sole licensee of the software included with the tablet. Any copying, modification, merging, or distribution of the software is prohibited. I am responsible for complying with any and all hardware, software, and service provider license agreements, terms of use, and applicable state and federal copyright and other intellectual property laws and regulations. Violation of any such licenses, terms, or laws shall constitute a violation of these Terms and Conditions.
4. I understand that the tablet provided to me utilizes wireless technologies, is not inherently secure and that wireless communications can be intercepted by technology designed and intended for that purpose. I understand that the State will not be liable to me or any other person for any lack of security that may result from the use of the tablet provided to me. I agree that I am responsible for providing security measures that are suited for your intended use. For example, you shall take full responsibility for taking adequate measures for safeguarding your data from loss.
5. I am responsible for all material, information and data sent by and/or stored on the tablet or any cloud storage service used by the tablet. The State is not liable for any material, information or data sent by and/or stored on the tablet or any cloud storage service used or accessed by the tablet.
6. Neither the State, the tablet vendor, or any employees of either shall be held responsible for the safeguarding or preservation of any material, information or data, including but not limited to personally identifiable information and personal health information stored on the tablet or any cloud service used or accessed by the tablet.
7. It is my responsibility to back up any information/data on the tablet should I wish to save it.
8. It is my responsibility to determine which Wi-Fi networks are safe to connect to and the State will not be held responsible for any information obtained by connections to unsecure networks.
9. I will agree to not download or use any apps deemed or identified as unsafe. I understand that if I knowingly do so, I will be responsible for any repair or replacement charges incurred by the damages done by that app.

Having read the above conditions or having them read and explained to me, I agree to the foregoing terms and conditions.

Print Name

Signature (*Applicant or parent/guardian, if under 18 years old*)

Date

Witness

Date

Signature of Interpreter (*if forms were interpreted*)

Date

MAT APPLICATION – PART 4

DISABILITY CERTIFICATION FORM

Applicant: Please complete this part and give the form to your doctor, audiologist, rehabilitation counselor, or speech pathologist.

Applicant's Name

Date of Birth: mm/dd/yyyy

Address

Apt.

City

State

Zip Code

Social Security Number (last 4 digits)

I authorize TAM/MAT to have access to and use information contained in this Disability Certification Form.

Applicant's Signature

Date

PROFESSIONAL CERTIFICATION SECTION

Note to Health Care Provider: This form must be filled out by a practicing Maryland licensed physician, audiologist, rehabilitation counselor, or speech pathologist acting within the scope of his or her license, or by an authorized representative of a State agency or educational institution approved by Telecommunications Access of Maryland.

I certify that the above named person has impairment(s) marked below and is limited in his/her ability to use a standard phone.

Signature: _____ Date: _____

Printed name: _____

Check one: ☐ Physician ☐ Audiologist ☐ Rehabilitation counselor ☐ Speech language pathologist
☐ Other health care professional (*specify*) _____

Office Address: _____

City, State, Zip Code: _____

Phone Number: _____ MD State Lic/Cert # _____

DISABILITY (check all that apply)

- ☐ **Deaf/Deafened** – severe to profound hearing loss; cannot benefit from telephone amplification
- ☐ **Hard of Hearing** – needs amplification to effectively use a telephone
Hearing loss is: ☐ mild ☐ moderate ☐ severe
- ☐ **Low Vision/Blind** – vision with correction is 20/200 or less in the better eye, or the visual field is 10 degrees or less
- ☐ **Deafblind** – severe to profound hearing loss and vision with correction of 20/200 or less in the better eye, or the visual field is 10 degrees or less
- ☐ **Speech Impaired** – unable to speak intelligibly, or requires amplification to be heard on the phone
- ☐ **Mobility Impaired** – ☐ upper body ☐ lower body ☐ both – impaired ability to grip, lift, hold, or dial the telephone, or impaired ability to get the phone when it rings
- ☐ **Cognitively Impaired** – impaired ability to dial a series of numbers, to access (or memorize) a list of phone numbers, or to use the phone to get emergency services

Note to Health Care Provider – This form can be faxed directly to 410-767-4276. Or FOLD and MAIL to the address on the back.

Questions? Call Customer Service at **800-552-7724** or **410-767-6960** (Voice/TTY) 443-453-5970 (Video Phone)

Please fold, tape closed, and put a first-class stamp on before mailing

.....

PLEASE
PLACE
FIRST-CLASS
STAMP
HERE

**Telecommunications Access of Maryland—
Maryland Accessible Telecommunications**

301 W. Preston Street
Suite 1008A
Baltimore, MD 21201-2305

Please tear off, give this card to your doctor, audiologist, rehabilitation counselor, or speech pathologist to complete, and mail application.



Do you feel like you are missing out on the conversation?

Connect with Maryland Relay.

Multiple Calling Options

For anyone who has difficulty using a standard telephone

Captioned Telephone

Displays every word your caller says, as you listen

Maryland Accessible Telecommunications (MAT) program

FREE assistive equipment to qualified applicants

**Get a FREE evaluation to find the solution that's
right for you. Call 800-552-7724 (Voice/TTY) 443-453-5970
(Video Phone) or visit mdrelay.org to get started.**



Telecommunications Access of Maryland—Maryland Accessible Telecommunications

301 W. Preston Street, Suite 1008A, Baltimore, MD 21201-2305

More Information: **800-552-7724** or **410-767-6960** (Voice/TTY) **443-453-5970** (Video Phone) • Fax: **410-767-4276**
mdrelay.org • moreinfo@mdrelay.org