



Return Application to:
 WYRED or WY Relay EDP
 444 W. Collins Dr., Ste. # 1200
 Casper, WY 82601

Phone: 307-577-0539
 Fax: 307-472-5601
 Email: dws-wyrelay@wyo.gov

APPLICATION FOR SPECIAL TELEPHONE EQUIPMENT

Name of applicant: _____
 Last Maiden First MI

Mailing Address: _____
 Street or Box # Apt./Ste. # City Zip

Physical Address: _____
 Street Apt./Ste. # City Zip

Name of Apartment Building or Mobile Home Park, if applicable: _____

Telephone Number: _____ Email Address: _____
 Voice Voice/Text Text Videophone TTY

Date of Birth (MM/DD/YYYY): _____ Last 4 of Social Security Number: _____

ALTERNATE CONTACT INFORMATION

Please provide an alternate person (spouse, children, case manager, etc.) that we have permission to speak with regarding your application, especially if your hearing loss currently prohibits you from using the telephone.

Name: _____ Daytime Phone #: _____
 Phone Only Text Only Either

Relation to You: _____ Email: _____

DISABILITY AND VERIFICATION

Disability: DEAF HARD OF HEARING SPEECH DISABILITY
 The professional listed below can verify my disability: (Professional's signature is NOT required.)

Name: _____ Verifier's Occupation: (Check one)
 Licensed Physician
 Speech Pathologist Audiologist
 Vocational Rehabilitation Counselor
 Wyoming Relay Representative
 Other _____
 Business Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

APPLICANT CERTIFICATION

I certify under penalty of perjury that I meet the definition (as provided on page 6 of the instructions) of Deaf, Deaf-Blind, Speech-Disabled, or Hard of Hearing; that I have read and understand the information on page 5 of the instructions; that I am a resident of the State of Wyoming; that I am able to understand the nature and use of this equipment; that I have provided accurate income information on the financial application; and that all statements made by me on this application are true and correct to the best of my knowledge. My signature below grants release of information to verify my disability and permission to speak with my alternate contact.

Applicant or POA signature: _____ Date: _____

Parent/Legal Guardian/ signature: _____ Date: _____
 (required if applicant is under the age of 18)

Please check here if you would like more information about our loan program

OFFICE USE ONLY Date received: _____ File Number: _____ Approved: Yes Yes No
 Free Cost-Share

ANSWER THESE QUESTIONS TO HELP US FIND YOUR SOLUTION(S)!

**Who is your landline telephone service provider?
(CenturyLink, Spectrum)**

Who is your wireless provider? (Verizon, AT&T)

**Who is your internet provider? (Spectrum,
Bluepeak)**

What kind of phone would you like help with?
 Landline Wireless

Circle your preferred type of telephone:

☎ Landline: Cordless Coded Captioned TTY

☎ Wireless: Android Apple iOS Flip Phone

**Do you currently have a message retrieval
system in use at your home?**
 Yes/answering machine Yes/voicemail No

Do you have Caller ID service? Yes No

Do you use your contacts list?
 Yes No

**If you are wanting a landline telephone, do you
have an "easy-to-get-to" telephone jack and a
power outlet within 6 feet of the telephone jack?**
 Yes No

How comfortable are you with new technology?
1 2 3 4 5 6 7 8 9 10
(not at all) (somewhat) (very)

How often do you typically use the phone?
1 2 3 4 5 6 7 8 9 10
(not at all) (somewhat) (very)

**What are the primary reasons you use the phone?
(check all that apply)**

- Personal Calls (Family, friends)
- Business Calls (Doctor, customer service)
- Text Messaging
- Email
- Web Browsing (Google, Safari, etc.)
- Social Media (Facebook, Instagram, YouTube)
- Health and Safety
- Accessibility Features and Apps (Captioning, AAC)
- Shopping (Amazon, Wal-Mart, Albertson's)
- Camera and Video
- Maps and Navigation
- Other: _____

Circle your level of hearing loss:
None Mild Moderate Severe Profound

**Do you wear Assistive Listening Devices? Yes
(i.e. hearing aids, cochlear implants, etc.) No**

If yes, do they have T-coils? Yes No Unsure

Do they have a streamer? Yes No Unsure

Are they Bluetooth capable? Yes No Unsure

**Are they currently connected to your phone or
any other devices?** Yes No Unsure

When were they last adjusted? _____

**Is it difficult for your callers to understand you on
the phone?** Yes No Sometimes

Circle your level of vision loss:
None Mild Moderate Severe Profound

**How do you prefer to communicate on the phone?
(check all that apply)**

- I speak for myself
- I communicate with American Sign Language
- I type my message (Text message, email, etc.)
- A device speaks for me (AAC, Tobii Dynovox)
- I use Speech-to-Speech Relay Services

**How do you prefer to understand your caller?
(check all that apply)**

- I listen to them speak
- I use captioning or read what they are saying
- Through an American Sign Language Interpreter

I have difficulties: (check all that apply)

- Understanding speech on the phone
- Hearing my phone ring resulting in missed calls
- Seeing the phone (features, buttons)
- Getting up from a chair to answer the phone
- Keeping my phone near me
- Navigating and using my phone
- Touching the touchscreen of my phone
- Holding my phone

Do you know what equipment you would like?

- Yes: _____
- No, I need help choosing!

**Do you have support who can help install and set
up the equipment, along with assist you with
learning the features of the equipment?**

Yes No

**Is there any other additional information that will
help us better assist you?**

WY RELAY FINANCIAL APPLICATION
PLEASE REVIEW INSTRUCTIONS ON PAGE FOUR OR CALL 1-800-452-1408

Applicant name: _____ # of persons in family unit, including the applicant: _____

A. MONTHLY GROSS INCOME

1. Wages, Salaries, Tips	\$ _____	10. Tribal Per Capita.....	\$ _____
2. Spouse's Wages, Salaries, Tips, etc.	\$ _____	11. Student Financial Scholarships/Grants.....	\$ _____
3. Public Assistance	\$ _____	12. Trust and/or Estates	\$ _____
4. Workers' Compensation*	\$ _____	13. Investment Income.....	\$ _____
5. Social Security* SSI, SSDI, Other.....	\$ _____	14. Guaranteed Income.....	\$ _____
6. VA Disability*	\$ _____	15. Unemployment	\$ _____
7. Private Disability*	\$ _____	16. Other	\$ _____
8. Child Support (that you receive).....	\$ _____	17. Other	\$ _____
9. Rental Income/Notes Receivable.....	\$ _____		
		Add lines 1-17:	Subtotal \$ _____

* **Disability-related income needs to be listed but is not included in calculating the subtotal.**
 Disability-related income will not be considered when determining eligibility.

B. LIQUID ASSETS

1. Cash or Savings.....	\$ _____
2. Stocks/Bonds.....	\$ _____
3. Total Liquid Assets (add Lines 1 and 2)	\$ _____
4. Enter \$2,000 for yourself or \$3,000 for combined exemption for you and your spouse.....	\$ _____
5. Net Liquid Assets (Line 3 minus Line 4; if a negative number, enter "0" on Lines 5 and 6.....)	\$ _____
6. Divide the amount of Net Liquid Assets by 12 and enter here.....	Subtotal \$ _____

C. TOTAL RESOURCES

(Add subtotals, Section A & B) **TOTAL \$** _____

D. MONTHLY DEDUCTIONS

1. Cost of Living (1 person = \$5,320; 2 persons = \$7,213; 3 or more = see Cost of Living Table on back).	\$ _____
2. Client Disability-related Expenses (See #7 on back)	\$ _____
3. Child Support (you are required to pay, not any you may be receiving).....	\$ _____
	Add Lines 1-3: Subtotal \$ _____

E. AVAILABLE APPLICANT RESOURCES

(Section C minus D) **TOTAL \$** _____

1. If your total monthly resources (Section C) are less than your monthly deductions (Section D), you are eligible to receive free telephone equipment; or
2. If your total monthly resources (Section C) are greater than your monthly deductions (Section D), you will be eligible to receive discounted telephone equipment. The discounted rate is 50% of the total cost of equipment received, up to \$500.00.

F. SIGNATURES

I certify that the information provided on this form is a true and accurate statement of my financial status. I understand that falsifying information I provide is just cause for denial of equipment and/or services.

Applicant or POA signature _____ Date _____ Parent/Legal Guardian signature _____ Date _____
 Program Consultant signature _____ Date _____

WY Relay is an equal opportunity employer with equal opportunity programs.
 Auxiliary aids and services are available upon request to individuals with disabilities.

INSTRUCTIONS FOR FINANCIAL APPLICATION

1. State laws governing WY Relay require that financial eligibility standards be applied. The purpose of this form is to determine your eligibility to receive equipment free of charge from WY Relay. Contact WY Relay for help completing any sections with which you have difficulty.
2. The family unit means yourself, spouse, minor children or other family members who are designated as dependents on your most recent federal income tax return.
3. If you are not of legal age (18 years), or are of legal age but are not emancipated, your parent/legal guardian must also sign this form.
4. **Section A (Monthly Gross Income):** Enter the source(s) and monthly gross amount(s) of all income received by the family unit. All items should be listed as monthly amount(s). Disability-related income should be listed in this section; however, it should **not** be included when calculating the subtotal in Section A.
5. **Section B (Liquid Assets):** Enter the source(s) and gross amount(s) of any assets which are or may be converted into cash. Liquid assets include, but are not limited to, the following: cash, savings or money market accounts, and investment accounts (ie: stocks, bonds, mutual funds, etc). Enter "0" in the subtotal if a negative number results from the calculations.
6. **Section C (Total Resources):** Add the subtotal of Section A (Monthly Gross Income) to the subtotal of Section B (Liquid Assets) (A + B) to obtain Total Resources.
7. **Section D (Monthly Deductions):**
 1. **Cost of Living:** Refer to the Cost of Living Table provided below. Remember to input the correct amount based upon the size of your family unit.
 2. **Disability Related Expenses:** Eligible deductions are limited to your disability-related expenses such as attendant care, medications, and maintenance on assistive devices.
 3. **Child Support:** List the monthly amount you pay for child support (if applicable).
8. **Section E (Available Applicant Resources):** Subtract Section D (Monthly Deductions) from Section C (Total Resources) and enter the final amount. Enter "0" if a negative number.
9. **Section F (Signatures):** Carefully read the statements above the signature lines. If you have any questions about the financial part or any other section on the application, please contact Wyoming Relay to help answer any questions you might have.
10. Once completed, return the applications through the following means:

ATTN: Wyoming Relay
 Mail: 444 West Collins Drive, Suite 1200 Casper, WY 82601
 Fax: 307-472-5601
 Email: dws-wyrelay@wyo.gov (include scanned PDF attachments)

2026 COST OF LIVING TABLE

I found out about WY Relay from:

Size of Family Unit	Monthly Income
1	\$ 5,320.00
2	\$ 7,213.00
3	\$ 9,107.00
4	\$ 11,000.00
5	\$ 12,893.00
6	\$ 14,787.00
7	\$ 16,680.00
8*	\$ 18,573.00

*For family units with more than 8 members, add \$1,893.00 for each additional member.

Please check all that apply:

- My Physician, PA, Nurse, Family practitioner, etc.
- My Speech Pathologist
- My Audiologist
- My Vocational Rehabilitation Counselor
- WY Relay Presentation (*indicate where*): _____
- Health Fair (*indicate where*): _____
- Other Professional/Service Provider (*indicate individual or organization*): _____
- Advertisement (*indicate media: TV, radio, etc.*): _____
- Other: _____

TO BE ELIGIBLE TO RECEIVE EQUIPMENT, AN APPLICANT MUST:

1. Have hearing loss and/or a speech disability (see definitions, page 6);
2. Be a Wyoming resident;
3. Be able to demonstrate the ability to use and care for the equipment;
4. Meet the income eligibility requirements (see page 4) - Based on your income, you may qualify for one of two program options. Applicants meeting established income guidelines will receive telephone equipment at no cost. For those exceeding the income guidelines, they will receive telephone equipment at a discounted rate; and
5. Return equipment previously received (if applicable) from Wyoming Relay. If your equipment is stolen or damaged by fire, you must report it to the police/fire department and provide a copy of the report to WY Relay before getting replacement equipment.

Note: Applicants under the age of 18 must have a parent or legal guardian sign the application and assume responsibility for the equipment. Legally emancipated minors are considered adults for this application.

If your application is approved, your responsibilities as a WY Relay client will include:

- ☎ Disclosing applicable information about your hearing needs to aid WY Relay in assisting you.
- ☎ Maintaining the equipment appropriately (i.e. keeping it clean, avoiding contact with liquids, using the WY Relay-provided surge protector if applicable, etc.) for the life of the product.
- ☎ **Understanding that—once you are provided with new equipment—you will NOT be eligible to exchange your equipment until the warranty has expired and/or your equipment malfunctions. All equipment received from WY Relay has at least a 3-year manufacturer's warranty.**
- ☎ Notifying WY Relay of any problems with the functioning or use of the equipment.
- ☎ Processing all warranty claims for repair or replacement. Upon approval, you will be provided with information on warranty procedures for your product(s).
- ☎ Purchasing replacement paper for TTYs, replacement batteries, additional handsets (for cordless models), and/or accessories for your equipment. WY Relay does not pay for, nor reimburse, for any of these items.
- ☎ Paying for monthly service plan charges, long distance charges, and/or optional services/charges from your telephone and/or internet service provider(s).

Equipment offered by WY Relay has been fully tested to ensure functionality and reliability while also offering a wide range of options to meet the needs of most individuals with hearing loss, speech disabilities, and co-occurring disabilities. We will work together to find the perfect solutions for you to enjoy your phone conversations!

You are also encouraged to take advantage of our loan program prior to making your final selection as there is no charge to participate, but it will allow you the opportunity to try equipment prior to making a decision. Please keep in mind that once we provide new equipment to you, you cannot reapply for new equipment for at least three (3) years unless your hearing loss or speech disability changes.

DEFINITIONS

Deaf – The condition of a person whose hearing in both ears is impaired to the degree that the person is unable to understand speech.

Hard of Hearing – The condition of a person whose hearing loss requires use of specialized telecommunications equipment to communicate effectively on the telephone.

Speech Disability – The condition of a person whose speech impediment renders speech on an ordinary telephone unclear and susceptible to misunderstanding.

TTY (Text Telephone) – An electrical device with a keyboard which, when used with a telephone, allows a deaf or hard of hearing individual to effectively communicate.

VCO (Voice Carry Over) – A device that allows deaf or hard of hearing users without speech disabilities to speak directly to the called person. Everything the called person says is typed either directly or by a communications assistant and appears as text on the display of the VCO device. CapTel™ is an enhanced VCO device.

HCO (Hearing Carry Over) – A device that allows a person with a speech disability to listen directly to the telephone conversation through speakers or headphones connected to a TTY and to type their response using the TTY keyboard, which is then read by a communications assistant to the person they are calling.

EQUIPMENT OFFERED BY WYOMING RELAY

We understand that selecting the right specialized telephone equipment can feel like a complex process. That is precisely where Wyoming Relay can help!

Our dedicated team is ready to assist you! For more information or clarification regarding the WYRED Program, Loan Program, the rules and regulations governing them, detailed specifications on available equipment, and/or to schedule a personalized, one-on-one appointment, please do not hesitate to contact Dominique Maestas, our Equipment Distribution Specialist. You can connect with us through:

Voice/TTY: 1-800-452-1408

Voice: (307) 577-0539

Text: (307)259-3979

Email: dws-wyrelay@wyo.gov or dominique.maestas@wyo.gov

Mail: ATTN: Wyoming Relay
444 West Collins Drive, Suite 1200
Casper, WY 82601

We genuinely look forward to assisting you, or the person you are referring, through our program! Let us help find the perfect solution to enjoy phone conversations again!