



Alaska Relay Telecommunications Equipment and Tablet Distribution Program

Page 1 - Contact Information and Signature

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

DOB: _____ **Sex:** Male Female

Home Phone: _____ Text Voice Videophone

Work Phone: _____ Text Voice Videophone

Email: _____

Ethnicity: Alaska Native African American Asian American Hispanic
 Caucasian Other: _____

If you cannot be contacted directly, who else could we contact in order to reach you?

Please check all the items that are correct:

I am a resident of Alaska I have land-line service I have internet

Please choose the option(s) that best describes your barrier to communication:

- It is difficult to hear over the phone Other: _____
- It is extremely difficult to hear over the phone
- It is impossible to communicate over the phone
- It is difficult for people to hear me over the phone
- I need access to relay services in order to communicate

By checking this box, you understand a copy of proof of residency via a valid Alaska driver's license or State of Alaska ID is required in order to obtain equipment:

I understand and will provide copy of proof of residency

**The above facts are true and complete to the best of my knowledge.
If under 18 years old, both the applicant and guardian must sign.**

Date

Applicant's Signature

Parent or Guardian (if applicable)

**PLEASE COMPLETE AND
RETURN THIS FORM TO:**

ATLA - Assistive Technology of Alaska
1500 W 33rd Ave, Ste 120
Anchorage, AK 99503

TOLL - FREE: 1 (800) 723 - 2852

VOICE: 1 (907) 563 - 2599

VIDEO: 1 (907) 312 - 5901

FAX: 1 (907) 563 - 0699

EMAIL: akrelay@atlaak.org

OFFICE USE ONLY

Date Received: _____ **Referral Code:** _____ **Other:** _____