



# Alaska Relay Telecommunications Equipment and Tablet Distribution Program

Contact Information and Signature Form

AGR # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### MAILING ADDRESS - Required to provide equipment

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PHYSICAL ADDRESS - Required for proof of residency

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex:  Male  Female

Ethnicity:  Alaska Native  African American  Asian American  Hispanic  
 Caucasian  Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Text  Voice  Videophone

Work Phone: \_\_\_\_\_  Text  Voice  Videophone

Email: \_\_\_\_\_

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 have cell phone service  I have land-line service  I have Internet

### How do you identify?

D/deaf  Hard of Hearing  Speech disabled

### Area of interest?

Specialized Landline Phone  Tablet  Other: \_\_\_\_\_

### Please describe your barrier to distance communication (required):

### By checking this box, you understand you must provide proof of residency to obtain equipment:

I am an Alaskan resident and will provide a copy of proof of residency

**The above facts are true and complete to the best of my knowledge. Having read the conditions listed on the back of this page, and had them explained to me, I agree to comply with all the conditions.**

Date

Applicant's Signature

Parent or Guardian (if applicable)



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## Conditions When Accepting Equipment

### Use and Care

I agree to be responsible to use the equipment solely for telecommunication purposes and to take a good care of the equipment as it is my own.

### Loss

If I lose my equipment, I must report the loss to ATLA and I understand that I may not get a replacement.

### Temporary Absence

I understand this equipment is the property of the Alaska Relay Program and if I attend school out-of-state or I am required to stay in another state temporarily, I may bring the equipment with me.

### Liability

I, the undersigned, agree to defend and not hold responsible the Alaska Relay Program or ATLA from any claims, damages and expenses caused by the use or misuse of the equipment by anyone.

### Repair

I understand that broken or malfunctioning equipment not of my fault may be repaired or exchanged depending on the severity of the problem and if it is within the warranty cycle. I will immediately notify and return it to ATLA for processing the repair/exchange.

### Exchange

I understand that I have 30 days from the date I receive my equipment to notify ATLA that I would like to exchange the device for a different one in the program. After 30 days, the device will only be exchanged in the following instances and must be approved by the Program Manager:

- There is a change in your disability status
- A new device has become available through the program and is deemed appropriate for you by an ATLA specialist
- You have had the equipment for more than three years
- Equipment is broken or malfunctioning, not of the user's fault

### Extra Features

I understand that if I want extra parts or features and it costs more than basic equipment, I must pay the difference. This includes items such as paid apps, TTY paper and replacement adapters.

### Change of Address

If I move to another location in Alaska, I must report my new address. If I plan to move out-of-state, I must return the equipment to ATLA.

### Theft

If my equipment is stolen, I will report it to the police immediately. I understand I must give a copy of the police report to ATLA before I can apply for new equipment to replace the stolen equipment. I understand that replacement of stolen devices will be determined on a case-by-case basis and is subject to the project's budget.

### Death

In the event of the death of the undersigned consumer, the executor or heir must return the equipment to ATLA within a reasonable time period.

### Complaint

If, for any reason that I am not satisfied with the service provided, I must submit a written complaint to the ATLA.

### Alaska Relay Property

Since the equipment is the property of the Alaska Relay Program, I understand I cannot pawn or sell the equipment at any time. If I do so, I will lose my rights to apply for other future equipment from the TEDP.

### Unauthorized Modification of iOS

I understand that I cannot make unauthorized modifications to the device (also called: rooting, jail-breaking, hacking, etc.). If I do so, I will lose my rights to apply for other equipment from the TEDP in the future.

### Release of Information

I further authorize ATLA to release/supply to the Alaska Relay Program the following information: name, date of birth, race, sex, demographic data, and program status for the purpose of collecting, analyzing, and reporting data, and to facilitate access to services/programs offered by the TEDP.

### Mobile Devices Only

### Remote Support

I understand that the Alaska Relay Program and/or ATLA can provide remote support and access the device in the event the device is locked, lost, or stolen.

#### **PROGRAM ADMINISTRATION WHO PROVIDES EQUIPMENT:**

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

**FAX:** (907) 563 - 0699  
**EMAIL:** akrelay@atlaak.org  
**TOLL - FREE:** (800) 723 - 2852  
**VOICE:** (907) 563 - 2599  
**VIDEO:** (907) 312 - 5901