

DOB: _____

TODAY'S DATE: _____

Applicant's Name:

Address: _____

Phone: _____

This is a: Voice VP Text TTY

Cell Phone _____

This is a: Voice Text

Mobile Provider: _____

E-mail: _____

Alternate

Contact: _____

Phone: _____

Email: _____

PROOF OF INCOME ELIGIBILITY

To be eligible for this federally funded program, your household income cannot exceed 400% of the federal poverty guidelines. **Please provide one or more of the following to document your income eligibility:**

SSI (Section 8) Federal Public Housing Assistance

Medicaid Program Low-Income Energy Assistance Program

Temporary Assistance for Needy Families

Supplemental Nutrition Assistance Program (Food Stamps)

Participant in National School Lunch Programs' Free Lunch Program

Federal Income Tax Return

The 2016 income guidelines are listed below:

2016 Federal Poverty Guidelines	
Number of persons in family/household	400% for everywhere, except Alaska and Hawaii
1	\$47,520
2	\$64,080
3	\$80,640
4	\$97,200
For each additional person, add	\$16,640

TELL US ABOUT YOURSELF

I am a client of NJ CBVI. Yes No

IF YOU ARE NOT AN OPEN CLIENT WITH NJ

CBVI: Please include documentation to verify your combined vision and hearing loss. Documentation would consist of an update audiogram and eye report.

I am a permanent resident of the State of New Jersey. Yes No

I am: Employed A student

Unemployed Retired/Homemaker

The cause of my hearing loss is:

Born Deaf Lost my hearing as a child

Lost my hearing as an adult

I would describe my level of hearing as:

Deaf Hard of Hearing

The cause of my vision loss is:

- Born Blind Lost my sight as a child
Lost my sight as an adult

I would describe my level of vision as

- Blind Low Vision, **please describe:**

***My preferred ways to communicate are
(please check all that apply):***

- American Sign Language Spoken
English
- Signed English Close-
Vision Sign Language
- Tactile Sign Language Other: ___

My preferred way to read is:

- Print Large print Braille Listening

3. What do you like about the communications technology you're using now or a device you used in the past?

4. What's not working? What would you like to be able to do?

How did you hear about the program?

- Event/Conference: _____
- Senior program/living facility
- VR Counselor/DB Specialist
- Family/Friend
- Facebook/Twitter/icanconnect.org
- Today's Senior Magazine

REQUEST FOR iCanConnect/NJ SERVICES

With my signature below I hereby request services and certify that:

- 1) the information I have provided in this application is true and accurate to the best of my knowledge;
- 2) the document(s) submitted represent the entire income for my family/household; and
- 3) I authorize the confidential release of the disability and income information I have provided for use solely as required for the administration of my application.

I acknowledge that I am subject to audit and if it is found that I have provided inaccurate information on this form, I will be prosecuted to the fullest extent allowable by law. Should I become eligible for services, I agree to use these services solely for the purposes intended. I further understand that I may not sell, mortgage, lend or transfer interest in any equipment or services provided to me. Falsification of any records or failure to comply with these provisions will result in the immediate termination of service.

If I am requesting a device that requires a monthly service charge, such as Internet or phone access, I agree to pay this monthly service charge.

Print name of applicant or parent/guardian (if applicant is under age 18):

Signature

Date

RETURN THIS COMPLETED FORM TO

Carly Fredericks
The College of New Jersey
PO Box 7718

Ewing, New Jersey 08628

E-mail: carly.fredericks@tcnj.edu • Telephone:
(609)771-2711 • Fax: (609)637-5144

**If scanned documents are submitted, please use PDF
format.**