

iCanConnect

The National Deaf-Blind Equipment Distribution Program

Section 1 of 3: Instructions and Guidelines

Overview

iCanConnect, the National Deaf-Blind Equipment Distribution Program (NDBEDP), will ensure that low-income individuals who have combined hearing AND vision loss (deaf-blind) can have access to telephone, advanced communications and information services. This program was mandated by the Twenty-First Century Communications and Video Accessibility Act of 2010 (CVAA), which authorizes the Federal Communications Commission (FCC) to provide funding for local programs to distribute equipment to low-income individuals who are deaf-blind. For more information, please visit <http://icanconnect.org> or <http://www.fcc.gov/ndbedp>.

What is iCanConnectCO?

The Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind (CCDHHDB) is the certifying entity in Colorado for iCanConnect. iCanConnectCO is the name of the program in Colorado.

Who is eligible to receive equipment?

Only low-income individuals who are deaf-blind are eligible to receive equipment. Applicants must provide verification of their status as low-income and deaf-blind.

Income eligibility

To be eligible for iCanConnectCO, your household income must be below 400% of the Federal Poverty Guidelines, as shown in the following table:

Number of persons in family/household	Maximum Income
1	\$51,040
2	\$68,960
3	\$86,880
4	\$104,800
5	\$122,720
6	\$140,640
7	\$158,560
8	\$176,480
For each additional person, add	\$17,920

For purposes of determining income eligibility for the NDBEDP, the FCC defines “income” and “household” as follows:

“Income” is all income actually received by all members of a household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, lottery winnings, and the like. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.

A “household” is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An “economic unit” consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians.

Disability eligibility

iCanConnectCO requires verification that the applicant meets the eligibility criteria as a deaf-blind individual in accordance with the following definition:

Specifically, the FCC’s NDBEDP rule 64.6203(c) states that an individual who is “deaf-blind” is:

(1) Any individual:

(i) Who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both these conditions;

(ii) Who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and

(iii) For whom the combination of impairments described in . . . (i) and (ii) of this section cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation.

(2) An individual’s functional abilities with respect to using Telecommunications service, Internet access service, and advanced communications services, including interexchange services and advanced telecommunications and information services in various environments shall be considered when determining whether the individual is deaf-blind under . . . (ii) and (iii) of this section.

(3) The definition in this paragraph (c) also includes any individual who, despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

Who can verify my disability?

An applicant's disability eligibility for the program must be verified by a practicing professional who has direct knowledge of the person's vision and hearing loss, such as:

- Audiologist
- Community-based service provider
- Educator
- Hearing professional
- HKNC representative
- Medical/health professional
- School for the deaf and/or blind
- Specialist in Deaf-Blindness
- Speech pathologist
- State equipment/assistive technology program
- Vision professional
- Vocational rehabilitation counselor

Such professionals may also include, in the attestation, information about the individual's functional abilities to use telecommunications, Internet access and advanced communications services in various settings.

Existing documentation that a person is deaf-blind, such as an individualized education program (IEP) or a statement from a public or private agency, such as a Social Security determination letter, may serve as verification of disability.

See Section 3 for the disability attestation information that must be provided with this application.

What kind of equipment can I receive?

You may be eligible to receive equipment that enables you to make a phone call, send an email, access the Internet or use other communications technology so you can communicate with family, friends, community members, etc. The program provides one type of portable (mobile) device as it pertains to telecommunications access.

How do I apply?

Fill out the forms included in this packet. Mail the forms, along with copies of documents needed for proof of income, to the address on the last page of the application form.

How do I know what equipment I need?

If you are eligible, you will be contacted to schedule an equipment assessment. After the assessment, equipment will be ordered for you.



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Section 2 of 3: Application and Personal Data

Last Name: _____ First name: _____ MI: _____

Date of birth (month/day/year): _____ Gender: M F

(If you are under age 18, your parent or legal guardian must sign the application.)

Street Address: _____ Apt. #: _____

City: _____ State: CO Zip Code: _____

Primary phone: _____ Alternate Phone: _____

E-mail: _____

Language Preference: _____

Total number of people in household: _____

Have you participated in iCanConnect (the National Deaf-Blind Equipment Distribution Program) before? *(check Yes or No)* Yes No

If yes, what state(s)?

Person assisting with this application (or alternate contact), if any:

Name _____

Phone _____

Full address (include city, state and zip code): _____

Relationship with Applicant: _____

My preferred method of contact is: Home phone Other phone Email

Telephone number: _____ E-mail: _____

Income eligibility

To confirm your income eligibility, please mail or fax documentation that proves your eligibility for one of the following federal program with an income eligibility requirement that does not exceed 400% of the Federal Poverty Guidelines, such as the following:

- Medicaid
- Supplemental Security Income (SSI)
- Federal public housing assistance or Section 8
- Food Stamps or Supplement Nutrition Assistance Program (SNAP)
- Veterans and Survivors Pension Benefit

If none of the above applies, mail or fax a copy of last year's Federal IRS 1040 tax form(s) filed by you and members of your family/household, or send other evidence of your family/household income, such as recent Social Security Administration retirement benefit statement(s) or other pension benefit statement(s). Include a signed statement that attests that what you are submitting is your only source of income. Note: income eligibility is valid for one year.

I certify that all information provided on this application, including information about my disability and income, is true, complete, and accurate to the best of my knowledge. I authorize program representatives to verify the information provided.

I permit information about me to be shared with my state's current and successor program managers and representatives for the administration of the program and for the delivery of equipment and services to me. I also permit information about me to be reported to the Federal Communications Commission for the administration, operation, and oversight of the program.

If I am accepted into the program, I agree to use program services solely for the purposes intended. I understand that I may not sell, give, or lend to another person any equipment provided to me by the program.

If I provide any false records or fail to comply with these or other requirements or conditions of the program, program officials may end services to me immediately. Also, if I violate these or other requirements or conditions of the program on purpose, program officials may take legal action against me.

I certify that I have read, understand, and accept these conditions to participate in iCanConnect (the National Deaf-Blind Equipment Distribution Program).

Check here to receive future announcements pertaining to deaf-blind services and resources available in Colorado.

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

Signature: _____ **Date:** _____



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Application Section 3 of 3: Disability Verification

This disability verification section is to be completed by a practicing professional who has direct knowledge of the applicant's vision AND hearing loss. iCanConnectCO reserves the right to contact the Attester for clarification or additional information.

Please complete the following fields, and sign and date at the bottom.

Name and Address of Deaf-Blind Individual:

Name of Applicant: _____

Street Address: _____ **City/State/Zip:** _____

Attester Information:

Name of Attester: _____ **Title:** _____

Agency/Employer: _____

E-mail: _____ **Phone:** _____

Street Address: _____ **City/State/Zip:** _____

For this program, the CVAA requires that the term "deaf-blind" has the same meaning given by the Helen Keller National Center Act. In general, the individual must have a certain vision loss and a hearing loss that, combined, cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation (working).

Specifically, the FCC's NDBEDP rule 64.610(c)(2) states that an individual who is "deaf-blind" is:

(1) Any person:

(i) Who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both these conditions;

(ii) Who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and

(iii) For whom the combination of impairments described in . . . (i) and (ii) of this section cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation.

(2) An applicant's functional abilities with respect to Telecommunications service, Internet access service, and advanced communications services, including interexchange services and advanced telecommunications and information services in various environments shall be considered when determining whether the individual is deaf-blind under . . . (ii) and (iii) of this section.

(3) The definition in this paragraph (c) also includes any individual who, despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

I certify under penalty of perjury that, to the best of my knowledge, this individual is deaf-blind as defined by the FCC as above (and as previously referenced in Section 1).

My attestation is based on the following: _____

Attester Signature: _____ **Date:** _____

Mail, e-mail or fax completed application (Sections 1, 2 and 3) with required documentation to:

JoAnne Hirsch, Communications Technology Program Manager
Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind
1575 Sherman Street, Garden Level
Denver, CO 80203

E-mail: joanne.hirsch@state.co.us • Voice: (303) 866-2097
• Videophone: (720) 949-7457 • Fax: (303) 866-4831

If scanned documents are submitted, please use PDF format.

Privacy Statement

The Federal Communications Commission (FCC) collects personal information about individuals through the National Deaf-Blind Equipment Distribution Program (NDBEDP), a program also known as iCanConnect. The FCC will use this information to administer and manage the NDBEDP.

Personal information is provided voluntarily by individuals who request equipment (NDBEDP applicants) and individuals who attest to the disability of NDBEDP applicants. This information is needed to determine whether an applicant is eligible to participate in the NDBEDP. In addition, personal information is provided voluntarily by individuals who file NDBEDP-related complaints with the FCC on behalf of themselves or others. When this information is not provided, it may be impossible to resolve the complaints. Finally, each state's NDBEDP-certified equipment distribution program must submit to the FCC certain personal information that it obtained through its NDBEDP activities. This information is required to maintain each state's certification to participate in this program.

The FCC is authorized to collect the personal information that is requested through the NDBEDP under sections 1, 4, and 719 of the Communications Act of 1934, as amended; 47 U.S.C. 151, 154, and 620.

The FCC may disclose the information collected through the NDBEDP as permitted under the Privacy Act and as described in the FCC's Privacy Act System of Records Notice at 77 FR 2721 (Jan. 19, 2012), FCC/CGB-3, "National Deaf-Blind Equipment Distribution Program (NDBEDP),"

<https://www.fcc.gov/omd/privacyact/documents/records/FCC-CGB-3.pdf>.

This statement is required by the Privacy Act of 1974, Public Law 93-579, 5 U.S.C. 552a(e)(3).

Confidentiality Policy

iCanConnectCO is committed to ensuring that your privacy is protected. Information provided on this application form will only be used to determine eligibility for iCanConnectCO products and services. iCanConnectCO will not sell, distribute or lease your personal information to third parties unless you give permission, or if the iCanConnectCO program is required by law to do so. iCanConnectCO secures your personal information; suitable physical, electronic and managerial procedures are in place to safeguard the information iCanConnectCO collects.