



**North Carolina National DeafBlind
Equipment Distribution Program (NDBEDP)**
www.iCanConnect.org (iCC)

iCC Application

Overview

The National DeafBlind Equipment Distribution Program (NDBEDP) supports local programs that distribute equipment to low-income individuals who are DeafBlind (have combined hearing and vision loss) to enable access to telephone, advanced communications, and information services. This support was mandated by the Twenty-First Century Communications and Video Accessibility Act of 2010 (CVAA) and is provided by the Federal Communications Commission (FCC). For more information about the NDBEDP, please visit <http://icanconnect.org> or <http://www.fcc.gov/ndbedp>.

Who is eligible to receive equipment?

Under the CVAA, only low-income individuals who are DeafBlind are eligible to receive equipment provided through the NDBEDP. Applicants must provide verification of their status as low-income and DeafBlind.

Income eligibility

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



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2026 Federal Poverty Guidelines

Number of persons in family/household	400% for everywhere, except Alaska and Hawaii	400% for Alaska	400% for Hawaii
1	\$63,840	\$79,800	\$73,440
2	\$86,560	\$108,200	\$99,560
3	\$109,280	\$136,600	\$125,680
4	\$132,000	\$165,000	\$151,800
5	\$154,720	\$193,400	\$177,920
6	\$177,440	\$221,800	\$204,040
7	\$200,160	\$250,200	\$230,160
8	\$222,880	\$278,600	\$256,280
For each additional person, add	\$22,720	\$28,400	\$26,120

Source: [U.S. Department of Health and Human Services](https://www.hhs.gov/ohrt/poverty-guidelines)

You are automatically income eligible if you can provide documentation that you are currently enrolled in a federal program with an income eligibility requirement that does not exceed 400% of the Federal Poverty Guidelines, such as: Medicaid; Supplemental Security Income (SSI); federal public housing assistance or Section 8; food stamps or Supplemental Nutrition Assistance Program (SNAP); or Veterans and Survivors Pension Benefit. Otherwise, you must provide proof of all household income and that when summed it does not exceed 400% of the Federal Poverty Guidelines.

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



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“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 people. 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 18 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 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians.

Disability eligibility

For this program, the CVAA requires that the term "DeafBlind" 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 64.6203(c) states that an individual who is “DeafBlind” is:

- (1) Any individual:



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- 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 DeafBlind under (ii) and (iii) of this section.
- (3) The definition in this paragraph 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.

**COPIES OF YOUR TOTAL GROSS FAMILY/ HOUSEHOLD
INCOME AND DISABILITY DETERMINATION**



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**DOCUMENTATION (HEARING AND VISION REPORTS) MUST
BE SUBMITTED WITH CONSUMER INTEREST FORM.**

PLEASE DO NOT SEND ORIGINALS.

I, _____, am interested in
(First, Middle and Last Name)

talking with someone about obtaining equipment through
NDBEDP.

Applicant Details:

First Name:
Middle Name:
Last Name:
Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone: () _____
Choose phone type below: <input type="checkbox"/> videophone <input type="checkbox"/> TTY <input type="checkbox"/> text/mobile phone <input type="checkbox"/> work Fax: ()
Email:
<input type="checkbox"/> home/personal email <input type="checkbox"/> work email



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Street Address:

City:

State: NC ZIP Code:

County:

How many people are living in your household:

Voter Registration Services:

The Division of Services for the Deaf and Hard of Hearing (DSDHH) and the Division of Services for the Blind (DSB) are both official North Carolina voter registration service agencies. If you are interested in voter registration services, please ask for assistance when contacted about this NDBEDP interest form.

Communication Preference (check all that apply):

- American Sign Language (ASL) Pidgin Sign Language
 Sign Exact Language (SEE) Tactile Sign Language
 Close-Vision Sign Language Spoken Language

State in which you are a permanent resident:

Have you participated in NDBEDP or iCanConnect before? Yes No

If yes, what state/states did you participate in iCanConnect? (list all):

Did you previously receive equipment through iCanConnect in another state? Yes No



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If yes, what state/states did you receive equipment through iCanConnect? (list all):

How did you hear about this program?

If you speak a foreign language, specify:

Send the application to:

NDBEDP
Division of Services for the Deaf and Hard of Hearing
DSDHH/NDBEDP
2301 Mail Service Center
Raleigh, NC 27699-2301

Or Email to: DSDHH.NDBEDP@dhhs.nc.gov

Or Call with questions: 800-851-6099



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Code of Conduct

In order to maintain a safe and supportive environment for our staff, contractors and customers we ask that you comply with basic safety requirements. While we encourage active participation and communication, we do ask that this be done in a civil manner even when there are disagreements or uncomfortable discussions taking place. Should you have concerns about how staff is relating to you that you are unable to work out with staff, you are encouraged to talk with the NDBEDP Administrator, or you can contact the Federal Communications Commission Disability Rights Office complaint division at 1-888-225-5322.

Listed below are behaviors that are unacceptable for anyone in contact with our staff either in the office or in the community. These same expectations apply to our staff as well. Violation of this code of conduct may result in immediate termination of services from the NDBEDP program. In addition, law enforcement authorities may be contacted, and appropriate legal action taken should a violation occur.

NO WEAPONS

NO THREATS (VERBAL, WRITTEN OR PHYSICAL)

NO AGGRESSIVE BEHAVIOR (VERBAL, WRITTEN OR PHYSICAL)

NO HARASSMENT (VERBAL, WRITTEN OR PHYSICAL)

NO PROPERTY DAMAGE

Your Rights to File a Complaint

Consumers may seek to resolve concerns by working with the North Carolina DSDHH to resolve the issue. Consumers may also file a complaint with the Federal Communications Commission (FCC). Complaints filed with the FCC will be processed by the Consumer and Governmental Affairs Bureau's Disability Rights Office (DRO) and the FCC's NDBEDP Administrator. There are two types of complaints that may be filed with the FCC: 1) an informal complaint is intended to facilitate resolution of complaints between the parties whenever possible. 2) If the consumer files an informal complaint and is not satisfied with the



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disposition of the complaint, the consumer may file a formal complaint. Formal complaints are similar to court proceedings. Each party must comply with specific procedural rules, which include filing a detailed complaint, answer, reply, and legal briefs and, in many cases, engage in discovery. Parties filing formal complaints usually are represented by lawyers or experts in communications law and the FCC's procedural rules. No attorney's fees may be awarded.

Contact Information:

Federal Communications Commission,
Disability Rights Office Complaint Division
45L Street NE

Washington, DC 20554

Phone: 888-225-5322 | Videophone: 844-432-2275 | Fax: 866-418-0232

[Website to file complaint](https://consumercomplaints.fcc.gov/hc/en-us/requests/new?ticket_form_id=36040) or
https://consumercomplaints.fcc.gov/hc/en-us/requests/new?ticket_form_id=36040

Eligibility

To confirm your income eligibility, please mail or fax documentation that proves you are currently enrolled in a federal program with an income eligibility requirement that does not exceed 400% of the Federal Poverty Guidelines, such as:

- Medicaid
- Supplemental Security Income (SSI)
- Federal public housing assistance or Section 8
- Food Stamps or Supplemental 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 total 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 represents your total family/household income. **Note: income eligibility is valid for one year.**



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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 move and apply to any other state iCanConnect program, I also permit all state iCanConnect program(s) I participated in to send my program records to any other state iCanConnect program I apply to.

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 eligibility conditions, the "Code of Conduct" and "Your Rights to File a Complaint" to participate in iCanConnect (the National DeafBlind Equipment Distribution Program).

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

Signature: _____ **Date:** _____

If this application is completed by someone other than the applicant, please state your name:

By entering my name above, I certify that I am signing this application for the applicant and with the applicant's knowledge and consent.



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Privacy Statement

The Federal Communications Commission (FCC) collects personal information about individuals through the National DeafBlind 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 DeafBlind Equipment Distribution Program (NDBEDP)," <https://www.federalregister.gov/documents/2023/09/01/2023-18946/privacy-act-system-of-records>

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