

Telecommunications Equipment Purchase Program (TEPP) APPLICATION FOR VOUCHER

For questions about this application or the Telecommunications Equipment Purchase Program (TEPP), please call: (844) 411-3861 Voice, (844) 411-3862 TTY, email tepp@solixinc.com or visit <https://psc.wi.gov/Pages/Programs/TEPP.aspx>. As an alternative, you may also fill out and file your application from our website at: <https://tepp.solixcs.com/ApplicationForm>.

MAIL OR FAX APPLICATION TO:

WI USF Administrator, c/o Solix, Inc.
10 Lanidex Plaza West, Parsippany, NJ 07054
or
(844) 411-3864 (fax)

DISABILITY CATEGORY (CHECK ONE) Select the category that most affects your ability to use the telephone. If you have multiple disabilities and may need equipment approved under two categories, please state that in the comment section below.

- Hard of Hearing (Voucher Maximum \$100 with no co-payment required)
- Severely Hard of Hearing **or** Deaf (Voucher Maximum \$800)
- Speech Disability (Voucher Maximum \$1,600)
- Mobility Disability or Motion Disability (Voucher Maximum \$1,600)
- Severely Hard of Hearing **or** Deaf **and** Low Vision (Voucher Maximum \$2,500)
- Severely Hard of Hearing **or** Deaf **and** Blind (Voucher Maximum \$7,200)

PERSONAL INFORMATION

This information is required. Please print your responses.

Applicant's Name (Last, First, Middle) (Maiden, if applicable):

Applicant's Street Address or Rural Home Address (No P.O. Boxes) Apt. No.

City State ZIP Code

Telephone No.: () - TTY Voice Video Phone

Email Address:

Required - last four digits only

Social Security No.: XXX-XX-_____

Required

Date of Birth: ____/____/_____

COMMENTS:

HOUSEHOLD INFORMATION *Optional – Fill in only if requesting assistance with co-payment.*

There is no income limit for participating in TEPP. Income information will only be used to determine if applicants with hearing loss are eligible for assistance which can pay the \$100 co-payment required under the Severely Hard-of-Hearing or Deaf categories.

Number of people in your household: _____

Annual household income: \$ _____

Use the most recent tax return or total all household income for yourself and spouse including Social Security, wages, SSI, and other benefits.

SELF-CERTIFICATION AND SIGNATURE

I certify that I have a disability in the category checked above that limits or curtails my access to or use of telecommunications services. Equipment to be purchased with this voucher is necessary for me to effectively access telecommunications services.

I understand that any deliberate fraud or misuse of this program will result in legal action taken by the State of Wisconsin. I understand that I need to make a \$100 co-payment when I purchase the equipment unless I qualify for TAP assistance or checked the Hard of Hearing category.

THESE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature or Guardian Signature (check box) Guardian Date

The information requested on this form is used to administer the Universal Service Fund pursuant to s. 196.218, Stats., and PSC 160.71, Wis. Adm. Code is used to determine eligibility for the Universal Service Fund programs of the Public Service Commission of Wisconsin. Completion of this form is voluntary; however, failure to furnish the requested information may result in denial of eligibility under this program. Personal information collected on this form is not likely to be used for purposes unrelated to the Universal Service Fund programs. Applications are processed in the order they are received. Vouchers will be issued on a first come, first served basis in compliance with rules governing the Universal Service Fund. Specific limitations will apply as identified in PSC §160.07 and 160.071, relating to funding, definition of disability and voucher amount. Voucher recipients are responsible for the first \$100 of the equipment purchased, unless they qualify for TAP assistance or applied in the Hard of Hearing Category. Voucher recipients are also responsible for any additional amount exceeding the maximum value of the voucher plus the co-payment.