

## Intrac application for free equipment program

Name:		Address:	(N	(o PO Box)
City:	,]			
		E-mail:		
Date of Birth:	Deaf Har	d of Hearing 🗌	Speech Impaired	i Male Female
* How did you hear about us:	TV 🗆 Radio	☐ Newspaper	r 🗆 Conference	s Others
	E	LIGIBILITY		
Citizen of Indiana • Deaf • Hard-c (Considerat			<ul> <li>Annual househ</li> <li>circumstances e</li> </ul>	
Step 2 Provide proof of fi Security Letter or	nancial inform		Federal Tax For	
Step 3 CapTel™ applicants	exceeding in	come limit, plea	ase use reverse s	ide of this application.
Choose ONE of the CapTel 840  CapTel 840  CapTel 840i  CapTel 880i  CapTel 2400  Superprint 4  (Limit one per hor	(analog telephone li (telephone li (telephone li (telephone li (425 □ Uni	none line require AND internated AND internated internated internated internated internated into AND internated into AND internated into a line AND internated into a line AND internated into a line	net required) net required) rnet required)	Flashing Light Signaler  Yes No Yes No Yes No Yes No Yes No
Step 5 READ AND K	NOW YOUR F	RESPONSIBIL	ITIES	
Yes, I u		gree to my respon	sibilities below when	borrowing equipment from
1. If the equipment is stolen or damag	ged by fire, you m		t or damage to your	local police. You are required to
mail a copy of the report to InTRAC  2. If the equipment is damaged, lost or required to pay for the repair or rep  3. You need to understand what qualit  Using the wrong type battery  Tampering with or trying to fix eq	destroyed because lacement of the e lies as "carelessne Damage due to be	e of carelessness of quipment. ess or misuse", "ir ing dropped • Foo	ncluding, but not limit and or liquid spills insi	ed to: de the machine
Step 6 I declare under pen	alties of <b>perju</b> n	ry that the info	rmation above is t	rue.
Signature			Date	2
Step 7 Please mail this	side of app	lication to:		

InTRAC, 7702 Woodland Drive, #130
Indianapolis, IN 46278
317-334-1413 (v) 877-446-8722 (toll free)
info@relayindiana.com