

## **InTRAC APPLICATION** FOR SPEECH IMPAIRED IPAD PROGRAM

Name:		Address:		
City:	, IN	Zip:	Phone: ()	
		E-mail:		
Date of Birth:		Last 4 Digits	s of Social Security #	·
	EL	IGIBILITY	,	
	Citizen of Indiana • Speech Impaired •	Annual inco	ome below \$74,000 • \	Ni-Fi required.
Step 2	ATTACH 1			
	Provide proof of financial information such as Federal Tax Form 1040 or Social Security Letter or paycheck stub (You may blackout your SSN) AND Proof of Speech Evaluation.			
Ston 2	EQ	UIPMENT		
Step 3	☐ iPAD AIR		☐ iPAD AIR MINI	
Step 4	KNOW YOUR	RESPON	SIBILITIES	
Stop (1)	YES, I understand my resp	onsibilities	when borrowing equip	oment from InTRAC.
	is the property of InTRAC for the first for AC". After four years, you may re-apply			ck with the "Property of
• iPad i	is for telecommunication purposes ONL	Y.		
• iPad a	arrives pre-loaded with apps locked for	your specific	needs.	
from	is equipped with remote control to prevence iTunes; no ability to sync with a personate ols or blocks on adult content.			
• You a	re responsible for using and maintaining	g iPad. Pleas	e read instructions at w	www.i-accessibility.com
	inderstand that InTRAC can remotely state of Indiana, except for vacations.	nut off and lo	ck the iPad if it is suspe	ected of being used outside
	inderstand to contact Teltex Technical S crience any problems or have any quest		-515-8120 if you exper	ience any problems, if you
	<ul> <li>You understand if the equipment is broken or damaged through misuse or negligence, you are financially responsible for ALL costs related to repairing or replacing the equipment.</li> </ul>			
• You a	re responsible to provide InTRAC with a	a fire or polic	e report in case of fire o	or theft.
Step 5	I declare under penalties of perjury	that the inf	ormation above is tru	<b>e</b> :
	Signature			DATE
01	Please mail this side of appl	ication to	<u></u>	

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

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