**What is iCanConnect-TN?**
It's the National DeafBlind Equipment Distribution Program. This federal program provides communications technology to individuals who are deafblind and low income so they can use telecommunications and internet services. The equipment is provided at no cost.

With the equipment, people can access telecommunication, advanced communications and information services.

**Who started this program?**
The Federal Communications Commission (FCC) established the program. It is mandated in the 21st Century Communications and Video Accessibility Act of 2010.

**What kind of equipment can I 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 families, friends, agencies, etc.
How do I qualify?
You must be:
1. DeafBlind – as defined in the Helen Keller National Center Act.
2. Low-income – a family (household) income equal to or below 400% of the Federal Poverty Guidelines:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family of 1</td>
<td>$44,680</td>
</tr>
<tr>
<td>Family of 2</td>
<td>$60,520</td>
</tr>
<tr>
<td>Family of 3</td>
<td>$76,360</td>
</tr>
<tr>
<td>Family of 4</td>
<td>$92,200</td>
</tr>
<tr>
<td>For each additional person, add $15,840</td>
<td></td>
</tr>
</tbody>
</table>

How do I apply?
Fill out and mail the forms included in this packet.

How will I get the equipment?
We will review your application. If you are eligible for the program, we will add your name to the program list. You may not get equipment right away. When it is your turn to get equipment, we will contact you.

How will iCanConnect-TN choose who will be in the program?
We will randomly select people on a first come, first serve basis.

Why doesn’t everyone who applies get equipment?
There is a limited amount of money for the program each year. We will serve as many people as we can until the money is gone. If you don’t get in the program this year, your name will stay on the list to be considered for the following year.
If I receive equipment from the program, to whom does the equipment belong?
The equipment will belong to you. We will explain more details about equipment ownership when you get the equipment.

What if I have questions?
If you have questions, contact Monique Brazelton at:
E-mail: Monique.brazelton@tn.gov
800-342-8359 ext. 208 Voice
888-276-0677 TTY
615-741-8953 Fax

For more information about the National DeafBlind Equipment Distribution program, go to:
or www.iCanConnect.org

There are three forms: 1) Application Form, 2) Income Verification, and 3) Eligibility Certification. You must send us all three forms. The address for sending the forms is on the last page.
APPLICATION FORM - PLEASE PRINT
If you are applying for yourself, put your name and information below. If you are a parent applying for your child, 1) put your child’s name below, 2) put parents’ names here:

First name:

Last name:

Date of birth:

Street address:

Apt #:

City:

State: TN

Zip Code:

County:
Home telephone number (voice or TTY?):

Cell phone number (voice or text?):

Work phone number (voice or TTY?):

VideoPhone number:

Email address: n/a

Does the person who is applying use Braille?

Yes ______ No ______

The facts on this application and on the enclosed information are true and complete. I know that if I do not send all information required, my application may be delayed. I understand my rights and responsibilities.

Applicant signature:
Date:

Guardian signature if applicant is under 18:
Date:

Confidentiality policy
iCanConnect is committed to ensuring that your privacy is protected. Information provided on this application form will only be used to determine eligibility for NDBEDP products and services. We will not sell, distribute or lease your personal information to third parties unless we have your permission or are required by law to do so. We are committed to ensuring that your information is secure. In order to prevent unauthorized access or disclosure, we have put in place suitable physical, electronic and managerial procedures to safeguard and secure the information we collect.
INCOME VERIFICATION FORM

1) How many people live in your household? __________
   (include spouse and children age 17 or under; also include children age 18-21 if they still have IEP in school)

2) If you are in some government programs, we can find proof about your income and you don’t have to send any additional information. Are you in any of the following government programs? Please check (√) the programs you are in:
   ___ Medicaid
   ___ Federal Public Housing Assistance
   ___ Low Income Home Energy Assistance Program
   ___ National School Lunch Program’s free lunch program
   ___ Supplemental Security Income (SSI or SSDI)
   ___ Temporary Assistance for Needy Families (TANF)

If you are not in a government program, you must send proof of your income. Example: Copy of Federal 1040 tax return form, three consecutive months of paycheck stub, Social Security Benefits Statement, Retirement Benefits Statement, Veterans Administration Benefits, etc. Contact us if you’re not sure what to send.
ELIGIBILITY CERTIFICATION FORM

If you have a government document that proves you are deafblind, you can give us a copy of that document. Examples: copy of IEP from school or Social Security determination letter or other government letter that says you are deafblind.

If you don’t have a document, give this form to a qualified health or human services professional who has direct knowledge of your disability. Examples: vision or hearing related specialists, vocational rehabilitation counselors, teachers, audiologists, speech pathologists, hearing aid specialists, medical doctor, nurse, or social worker.

FOR THE PROFESSIONAL:

I attest to the best of my knowledge that the applicant is an individual who is deafblind as defined in the Code of Federal Regulations (47 CFR 64.610(b)). The definition is also available at [http://www.hknc.org/WhoWeServeDEFINITION.htm](http://www.hknc.org/WhoWeServeDEFINITION.htm). 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.
<table>
<thead>
<tr>
<th>Applicant’s first and last name:</th>
<th>(Please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional’s name: Lana Bazemore</td>
<td>(Please print)</td>
</tr>
<tr>
<td><strong>Title:</strong> Program Coordinator for Deaf-Blind Services</td>
<td></td>
</tr>
<tr>
<td><strong>Work address:</strong> DRS, 311 E. MLK Blvd, Suite 301 Chattanooga, TN 37403</td>
<td></td>
</tr>
<tr>
<td><strong>Work telephone number:</strong> 423-634-6706</td>
<td></td>
</tr>
<tr>
<td><strong>Email address:</strong> <a href="mailto:lana.bazemore@tn.gov">lana.bazemore@tn.gov</a></td>
<td></td>
</tr>
<tr>
<td><strong>Professional’s signature:</strong></td>
<td><strong>Date:</strong></td>
</tr>
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<td></td>
<td>_____ / _____ / _____</td>
</tr>
<tr>
<td><strong>Additional comments (you may add information about the individual’s functional abilities to use telecommunications, Internet access, and advanced communications in various settings):</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Mail this form to:**
Monique Brazelton/ iCanConnect-TN
Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-0505