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# Kansas iCan Connect

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## Section 1: Instructions

### **Overview**

Kansas iCan Connect distributes equipment to income eligible Kansans who are deaf-blind (have a combined hearing and vision loss) so they can access the telephone, advanced communications, and information services. Funds for this program are provided by the Federal Communications Commission (FCC). For more information about the national program, visit <http://www.fcc.gov/ndbedp>.

### **Who is eligible to receive equipment?**

Individuals may receive an assessment, equipment, and training if they document that they are income eligible and have a combined hearing and vision loss significant enough to be considered deaf-blind.

### **Income eligibility**

To be eligible, your total family/household income must be below 400% of the Federal Poverty Guidelines, see page 8 in Section 2.

“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 persons. 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 eighteen 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 eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians. See Section 2 for the applicant's information and financial verification.

### **Disability eligibility**

The term "deaf-blind" 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 "deaf-blind" is:

(1) Any individual:

(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 deaf-blind under . . . (ii) and (iii) of this section.

(3) The definition in this paragraph (c) 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.

## **Who can attest to a person's disability eligibility?**

A practicing professional who has direct knowledge of the person's vision and hearing loss, such as:

- Audiologist
- Community-based service provider
- Educator
- Hearing professional
- HKNC representative
- Medical/health professional
- School for the deaf and/or blind
- Specialist in Deaf-Blindness
- Speech pathologist
- State AT program
- Vision professional
- Vocational rehabilitation counselor

Such professionals may also include, in the attestation, information about the individual's functional abilities to use telecommunications, Internet access, and advanced communications services in various settings.

Existing documentation that a person is deaf-blind, such as an individualized education program (IEP) or a Social Security determination letter, may serve as verification of disability. See Section 3, page 14 for the disability verification information.

# Kansas iCan Connect

## Section 2: Application

This application is to request equipment that allows income eligible Kansans with combined hearing and vision loss to access modern telecommunication tools and the training, if necessary, to use them.

### **APPLICANT INFORMATION**

Name (First, MI, Last): \_\_\_\_\_

Home address, City, State, Zip: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

Date of birth (01/01/1957): \_\_\_\_/\_\_\_\_/\_\_\_\_

Home phone number (\_\_\_\_) \_\_\_\_\_

Voice    VP    TTY    Text

Email address: \_\_\_\_\_

Preferred contact:

Email    Home phone    Cell    Work phone

Gender:    Male    Female

Ethnicity (optional, for federal data only):

- White       Black or African-American       Hispanic  
 Native American       Asian       Other

### Alternate Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant:       Family       Case Manager  
 Educator       Employment Representative  
 Health Representative       Other, specify: \_\_\_\_\_

### COMMUNICATION PREFERENCE

1. Communication preference (check all that apply)

- American Sign Language (ASL)
- Conceptual Accurate Signed English (CASE)
- Sign Exact English (SEE)
- Tactile Sign Language
- Close Vision Sign Language
- Spoken Language (Please identify your primary language if you are a non-English speaker):  
\_\_\_\_\_

Other (specify): \_\_\_\_\_

2. How do you read? Please check all that apply.

- Regular print       Braille grade 1 (Uncontracted)  
 Large print       Braille grade 2 (Contracted)  
 Computer Braille

3. Have you participated in iCanConnect (the National Deaf-Blind Equipment Distribution Program) before?

- Yes       No

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

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

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

## FINANCIAL ELIGIBILITY

Documentation of household income will be needed. Please provide the first page of last year's income tax return or documentation that you are eligible for one of the programs below.

- Medicaid  
 Supplemental Security Income (SSI)  
 Federal Public Housing Assistance, Section 8  
 Food Stamps or Supplemental Nutrition Assistance Program (SNAP), VISION card  
 Veterans and Survivors Pension Benefit

<b>2017 Poverty Guidelines for the 48 Contiguous States and the District of Columbia</b>	
<b>Persons in family/household</b>	<b>Poverty guideline (400%)</b>
<b>1</b>	\$48,240
<b>2</b>	\$64,960
<b>3</b>	\$81,680
<b>4</b>	\$98,400
<b>5</b>	\$115,120
<b>6</b>	\$131,840
<b>7</b>	\$148,560
<b>8</b>	\$165,280
For families/households with more than 8 persons, add \$16,720 for each additional person.	

Based on the 2017 Poverty Guidelines table, I have an income that does not exceed 400% of the Federal Poverty Guidelines.

Yes     No

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 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 conditions to participate in iCanConnect (the National Deaf-Blind Equipment Distribution Program).

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

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## How did you hear about this program?

- iCanConnect.org website
- Conference or Seminar
- Disability advocacy group
- Specialist in Deaf-Blind Services
- Education provider /School
- Family Members
- Friends
- Healthcare provider
- Helen Keller National Center (HKNC) representative
- Independent Living Center
- Interpreter
- News / Media (television, magazine, radio)
- Social Media (Facebook, Twitter)
- State Deaf-Blind Project
- Senior Center
- Technology vendor
- Vocational Rehabilitation Counselor
- Other: \_\_\_\_\_

## **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 iCanConnect products and services. iCanConnect will not sell, distribute or lease your personal information to third parties unless you give permission, or if the iCanConnect program is required by law to do so. iCanConnect is committed to ensuring that personal information is secure. In order to prevent unauthorized access or disclosure, suitable physical, electronic and managerial procedures are in place to safeguard and secure the information iCanConnect collects.

## **Non-Discrimination Statement**

The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785) 864-6414, 711 TTY.

## **Privacy Statement**

The Federal Communications Commission (FCC) collects personal information about individuals through the National Deaf-Blind 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 Deaf-Blind Equipment Distribution Program (NDBEDP)," <https://www.fcc.gov/omd/privacyact/documents/records/FCC-CGB-3.pdf>.

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

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# Kansas iCan Connect

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## Section 3: Disability Verification

Have this section completed by a practicing professional who has direct knowledge of the applicant's vision and hearing loss.

Please complete the following fields, and sign and date at the bottom of page 14.

### **Name and Address of Deaf-Blind Individual:**

**Name of Applicant:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

### **Attester Information:**

**Name of Attester:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency/Employer:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

iCan Connect uses the Helen Keller National Center definition of "deaf-blind". 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).

**CERTIFICATION**

I certify under penalty of perjury that, to the best of my knowledge, this individual is deaf-blind as defined by the FCC, see definition on pages 15–16, Section 3.

My attestation is based on the following (you may provide an audiogram and/or vision test results):

**Vision:** \_\_\_\_\_  
\_\_\_\_\_

**Hearing:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Combination of Impairments:**

Does the combination of vision and hearing loss cause the applicant difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation?  Yes       No

**Attester Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Disability eligibility

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(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.

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Mail, e-mail, or fax completed application (Sections 2 and 3) to:

iCan Connect/ ATK  
2601 Gabriel Avenue  
Parsons, KS 67357

Email: [atkapps@ku.edu](mailto:atkapps@ku.edu)  
Fax: 620-421-0954

Phone: 620-421-8367