



Project LinkSD

Apply Today!

2021

www.relaysd.com

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Telephone number (_____) _____ Email Address _____

What is the best way for us to contact you? (Phone, VP, Text, Email, Mail, Other) _____

Ethnicity (Optional) Caucasian/White Latino African American/Black Native American Pacific Islander Asian Other _____

Are you a U.S. Citizen or a permanent resident of the U.S.? Yes No Year of Birth _____

Eligibility – fill out eligibility option 1 or option 2

Option 1 – Please check the program(s) you or a member of your household currently participate in & attach required supporting documentation. CHECK ALL that apply:

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Federal Public Housing Assistance or Section 8
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) or Welfare to Work (WTW)	<input type="checkbox"/> Food Stamps or SNAP (Supplement Nutrition Assistance Program)
<input type="checkbox"/> National School Lunch's Free Program (NSL)	<input type="checkbox"/> SS Disability Income (SSDI – if also working, provide that information as well)
<input type="checkbox"/> Women, Infants and Children Program (WIC)	

Option 2 – I do not receive benefits from any of the programs list above, but I am eligible based on my income

Income - Income eligibility is based on the most recent Federal Poverty Guidelines at or below 300% of the federal poverty level and includes gross household income. Income includes gross wages, public assistance benefits, social security payments, pensions and unemployment compensation.

Accepted forms of income include:

Income or wage statements (examples include at least three consecutive statements of pay statements, social security, unemployment, public assistance, or other statements verifying money received by the family) or most recent federal tax form (1040 Tax Return).

How many members in your household? _____ Total annual household income? _____

Type of Income	Annual Amount	2021 Federal Poverty Guidelines	
		Family Size	300%
Gross wages	\$	1	\$38,640
Self-Employment	\$	2	\$52,260
Social Security, SSI or SSDI	\$	3	\$65,880
Pensions	\$	4	\$79,500
Public Assistance	\$	5	\$93,120
Unemployment/ Worker's	\$	6	\$106,740
TOTAL	\$	7	\$120,360
If household income or size changes, please inform the Project LinkSD Program		8	\$133,980

Note: A household is defined as any individual or group of individuals living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to & sharing in the income & expenses of a household. A household may include related & unrelated persons. If your household income or size changes during the year, please inform CSD Staff immediately.

Equipment you use for Telecommunication: Videophone CapTel with internet Email Cell Phone
 Tablet Other: _____

Federal Lifeline Program

All Project LinkSD participants must apply for the Federal Lifeline Program for assistance before applying for Project LinkSD. Please mark one of the following if you are not eligible for Lifeline.

_____ I do not meet financial eligibility for Lifeline so did not apply.

_____ I'm receiving Lifeline for my telephone service so am not eligible for internet service.

_____ Other: _____

Broadband/Internet Service Provider

Please list your broadband/internet service provider: _____

Please provide your account number for provider: _____

Affirmative Signature

Hearing Loss Verification (bilateral hearing loss of 60db or greater)

With my signature, I confirm that I am: deaf hard of hearing deaf-blind speech impaired

Signature of applicant: _____ Date: _____

With my signature above I hereby request services and certify that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that I am subject to audit and if I am found providing inaccurate information on this form, I will be prosecuted to the fullest extent allowable by law. Should I become eligible for services, I agree to use these services solely for the purposes intended. I further understand that I may not sell, mortgage, lend or transfer interest in any services provided to me. If I receive any refund for canceled services paid for by Project LinkSD I agree to return this funding to the Project. Falsification of any records or failure to comply with these provisions will result in the immediate termination of service.

Note: Applications submitted by eligible individuals under the age of 18 must be co-signed by a parent or legal guardian.

We are committed to ensuring that your privacy is protected. Information provided on this application form will only be used to determine eligibility for Project LinkSD 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.

Return Information

Return this form and supporting documents to:

CSD--Project LinkSD • 2310 N Maple Ave • Rapid City, SD 57701-7849

Please allow 2 weeks for processing if submitted by mail. You will be contacted by a member of the Project LinkSD team, who will further process your qualification. To expedite your process, please use fax or email:

Fax: 605-394-6609

E-mail: sdprograms@csd.org

*Project LinkSD is a program made possible through the state of South Dakota,
Department of Human Services, Division of Rehabilitative Services.
<http://dhs.sd.gov>*