

# MAINE CENTER ON DEAFNESS

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## APPLICATION FORM

### Emergency Alert (ENS) Equipment Program

For Deaf/deaf, Hard of Hearing, Late Deafened

|   |        |                |
|---|--------|----------------|
| Name:   |        |                |
| Mailing Address:  |        |                |
| Street Address:   |        |                |
| City:   | State: | Zip Code:      |
| Tel #:  |        | Date of Birth: |
| E-Mail: Home:   |        | Mobile:        |
| Other contact information:  |        |                |
| Live alone? Please circle answer: YES NO How many people in your household? |        |                |

### DON'T NEED EQUIPMENT ??

If you want Emergency Alerts sent to equipment that you already own, please skip ahead to the 'Emergency Alert Menu' on page 3. Email based Emergency Alerts can be sent to One-way and Two-way pagers, and your home or work computer.

### PLEASE FILL IN INFORMATION REQUESTED BELOW AND ATTACH PROOF OF CURRENT INCOME FOR EITHER THE LENDING OR COST-SHARE PROGRAM

- I WISH TO APPLY FOR THE LENDING PROGRAM (Equipment is provided as a long-term loan at no charge to qualifying applicants)
- I WISH TO APPLY FOR THE COST SHARING PROGRAM (Customer pays a portion of the cost of equipment based on a sliding fee scale, plus 5% sales tax, and then owns the equipment)

### FOR MCD USE ONLY:

Entered in Database By: \_\_\_\_\_ Date: \_\_\_\_\_  
Attached:  Proof of Income \$ \_\_\_\_\_ Annual  
 Doctor's Statement  
 Complete Information (i.e.: Ph #; DOB; Address)  
 Application Signed

Equipment: \_\_\_\_\_ Shipped on: \_\_\_\_\_  
 Lending  Cost-Share  Direct Purchase

ENS Updates Complete:  Yes By: \_\_\_\_\_ Date: \_\_\_\_\_

## HOUSEHOLD INCOME INFORMATION

PLEASE PROVIDE PROOF OF INCOME FOR ALL PEOPLE LIVING WITH YOU

(Bank statement W-2, current IRS tax return, check stub, SSI letter, or copy of SSI check, etc.)

How many people in your home? (include yourself) \_\_\_\_\_ Minor Children's ages: \_\_\_\_\_

Household gross (total) income is \$\_\_\_\_\_ per  year /  month /  week (CHECK ONE)

**NOTE: We cannot process this application without proof of income for everyone in your home.**

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## INFORMATION ON DISABILITY

Deaf

Hard-of-hearing

Late Deafened

## EMERGENCY NOTIFICATION SYSTEM

### EQUIPMENT

Choose ONE of the following types of equipment you want to use to receive emergency alerts.

**1-WAY PAGER** - Equipment that will allow me to receive text messages

No cost for equipment, or monthly service



**2-WAY PAGER** – **LIMITED AVAILABILITY!** - Equipment that will allow me to send & receive text messages

Equipment available as 'Lending' or 'Cost Share'

Client must be approved for monthly credit account and two-year service contract

All service charges (monthly fee, insurance, downloads, etc.) to be paid by client, NOT by MCD!



**Emergency Alert Radio** with flashing signaler and short text message display

Receives ONLY Weather Alerts!!



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**One-Way and Two-Way Pagers will receive emergency alerts from the Maine Emergency Management Agency (MEMA) and Emergency Alert System (EAS) for Maine.**

## EMERGENCY ALERTS MENU

Choose the alerts you want sent to your pager or home (or work) computer:

- National Weather Service (NWS)
  - Warning
  - Watch
  - Advisory
  - Spotter Statements
- Bureau of Health (public health issues)
- Department of Public Safety (examples: search/rescue, alert regarding "armed and dangerous" person)
- Department of Transportation (DoT-Highway, bridges, airports, ferries...)
- Maine Turnpike Authority (examples: turnpike closure, bridge closed, traffic delays related to accident or road work)
- Power Outages
- Your Local Town/City Alerts
- Your Local Town/City Power Outages

**Some alerts are statewide and some alerts can be distributed by county.  
Which counties would like to receive alerts for?**

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> ALL MAINE COUNTIES | <input type="checkbox"/> KENNEBEC    | <input type="checkbox"/> SAGADAHOC  |
| <input type="checkbox"/> ANDROSCOGGIN       | <input type="checkbox"/> KNOX        | <input type="checkbox"/> SOMERSET   |
| <input type="checkbox"/> AROOSTOOK          | <input type="checkbox"/> LINCOLN     | <input type="checkbox"/> WALDO      |
| <input type="checkbox"/> CUMBERLAND         | <input type="checkbox"/> OXFORD      | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> FRANKLIN           | <input type="checkbox"/> PENOBSCOT   | <input type="checkbox"/> YORK       |
| <input type="checkbox"/> HANCOCK            | <input type="checkbox"/> PISCATAQUIS |                                     |

**ENS applicants: An individual whose family gross income is less than 135% (or such amount as amended by statute) will be eligible for a \$10/month reduction in monthly service charge. Eligible individuals will be identified to their service provider by name and pager address as a certified user. Note: MCD holds no Emergency Alert sending responsibility and cannot guarantee all emergency messages will be transmitted or received in a timely manner.**

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### MAILING LISTS & TTY DIRECTORY

Would you like to be on mailing list for the Maine Center on Deafness?  Yes /  No

Would you like to be on mailing list for the Division of Deafness?  Yes /  No

**TTY Users only:** Do you want to be listed in the TTY Directory?  Yes /  No

**WHEN YOU BORROW EQUIPMENT UNDER THE LENDING PROGRAM YOU MUST:**

- ✓ Agree not to lease, sell, give away, or allow a lien or mortgage to be placed upon the equipment during the loan
- ✓ Agree to provide adequate insurance to cover loss against fire, theft, or other happenings.
- ✓ Agree to keep the equipment in good condition and avoid damage.
- ✓ Agree to inform Maine Center on Deafness if the equipment breaks down.
- ✓ Agree not to remove or permit another person to remove equipment from the state of Maine without written permission from the Maine Center on Deafness/Bureau of Rehabilitative Services.
- ✓ Agree to keep monthly service plan current on all 2-way pagers.
- ✓ Agree to return the equipment to the Maine Center on Deafness at its request.

By signing this application, I UNDERSTAND all information provided above is complete and true.

Applicant Signature: \_\_\_\_\_

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

**RELEASE**

I give Maine Center on Deafness permission to discuss this application and equipment needs with the following people:  FAMILY  CASE WORKER  DOCTOR  FRIEND

Name(s) and phone number(s) (please print): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DON'T FORGET TO INCLUDE:**

- Proof of income (examples of proof: bank statement, W-2, income tax return form, check stub, SSDI)
- Doctor's note for proof of disability- with this application or faxed to us separately
- Your date of birth and signature on the application

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**PROOF OF DISABILITY – TO BE FILLED OUT BY DOCTOR / AUDIOLOGIST**

**PHYSICIAN, AUDIOLOGIST OR OTHER MEDICAL SPECIALIST**

I, as a physician, audiologist, or other medical specialist certify that the applicant is D/deaf, Hard-of-Hearing or Late-Deafened.

Name (please print): \_\_\_\_\_

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

Tel Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** A copy of a signed audiogram or a diploma from a school for the deaf or blind is acceptable in place of a doctor's signature **OR** a signed note from your doctor, audiologist or other medical provider can be faxed or mailed separately to the MCD office instead of you personally obtaining a signature on this form.