



# Apply Today!

## 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) \_\_\_\_\_

Daytime contact number \_\_\_\_\_ Evening contact number \_\_\_\_\_

### Ethnicity (Optional)

Caucasian/White  Latino  African American/Black  Native American  Pacific Islander  Asian  Other \_\_\_\_\_

## Eligibility

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

Are you currently enrolled in a public-assistance program?  Yes  No **If yes, please check all that apply.**

- Medicaid  Low Income Home Energy Assistance (LIHEAP)
- Supplemental Security Income (SSI) or SSDI  Federal Public Housing Assistance or Section 8
- National School Lunch's Free Program (NSL)  Food Stamps or SNAP (Supplement Nutrition Assistance Program)
- Women, Infants and Children Program (WIC)  Temporary Assistance for Needy Families(TANF) or Welfare to Work (WTW)

Are you a Transition Plan Student or an active Vocational Rehabilitation client?  Yes  No **If yes, which?**

- Transition Plan Student (High School Student)  Vocational Rehabilitation Client (Active)

### Household Information

How many person(s) in your family household? \_\_\_\_\_ What is your total annual household income? \_\_\_\_\_

## Affirmative Signature

### Hearing Loss Verification (bilateral hearing loss of 40db or greater)

With my signature, I confirm that I am  deaf  hard of hearing or  deaf-blind

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 equipment or services provided to me. If I receive any refund for returned equipment or canceled services paid for by Project Endeavor 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.*

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

## Referral

I was referred to Project Endeavor by:

- Application Party  Tradeshow  Internet  Person (Name \_\_\_\_\_)  Other

Application Source Code \_\_\_\_\_

## Return Information

Return this form to:

**Mail:**

CSD--Project Endeavor  
102 N Krohn Place  
Sioux Falls, SD 57103

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

**Fax:** 605-782-8446    **E-mail:** [info@projectendeavor.com](mailto:info@projectendeavor.com)

For more information, please contact the Project Endeavor Contact Center. Contact Center Hours: Monday to Friday, 7 a.m. to 10 p.m.

**Voice:**

877-NETME77  
(877-638-6377)

**TTY:**

877-403-4596

**VP (point to point):**

605-644-7399  
605-550-4056

**AIM:**

CSDPE1  
CSDPE2  
CSDPE3

**Email:** [info@projectendeavor.com](mailto:info@projectendeavor.com)

**Web site:** [www.projectendeavor.com](http://www.projectendeavor.com)

Project Endeavor is made possible through the Broadband Technology Opportunities Program with the National Telecommunications and Information Administration. [www.ntia.doc.gov](http://www.ntia.doc.gov)



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