



**New Hampshire  
Governor's Commission on Disability**

**"Removing Barriers to Equality"**



Margaret Wood Hassan, Governor  
Paul Van Blarigan, Chair  
Charles J. Saia, Executive Director

Her Excellency, Governor Margaret Wood Hassan  
And the Honorable Council  
State House  
Concord NH 03301

**Informational Item**

The Governor's Commission on Disability (GCD) requests to place an item on the Consent Calendar.

In accordance with RSA Chapter 362-E:7, attached is the GCD's Annual Telecommunications Assistance Report for the period ending June 30, 2015, which is submitted for review by the Governor & the Council.

**Explanation**

RSA Chapter 362-E:7, reads as follows: "The Governor's Commission on Disability shall file a report which shall include the number of persons assisted, all sources of funding, and the total amount disbursed under this chapter. Such report shall be submitted annually to the governor & council, the senate president, the speaker of the house and the public utilities commission, on or before October 1."

Sincerely,

Charles J. Saia  
Executive Director

State of New Hampshire  
Governor's Commission on Disability

Telecommunications Equipment Assistance Program

Fiscal Year 2015

Submitted by:

Charles J. Saia  
Executive Director

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October 1, 2015

Her Excellency, Governor Margaret Wood Hassan  
Governor & Council Members  
State House  
Concord NH 03301

RE: **TELECOMMUNICATIONS ASSISTANCE REPORT**  
**PERIOD 07/01/14 THROUGH 06/30/15**

Dear Governor Hassan:

On behalf of the GCD, I am hereby submitting this annual report in accordance with RSA 362E:7 for the cost of the program to enable people with disabilities in New Hampshire to access telephone service through the use of telecommunications assistance.

The telecommunications equipment assistance program shall be funded in an amount not to exceed \$96,000 annually from the telecommunications relay service trust fund established by the public utilities commission.

The latest report from the contractor which delineates the equipment to consumers is attached. The total amount disbursed for period July 1, 2014 through June 30, 2015 is as follows:

**TELECOMMUNICATIONS ASSISTANCE 01-00002-002-GCD020510-10070000**

<u>Class</u>	<u>Appropriation</u>	<u>Expenses</u>
Administration Fee	\$ 3,750.00	\$ 3,750.00
Contract Expenditures	\$ 92,250.00	\$ 92,250.00
Totals:	\$ 96,000.00	\$ 96,000.00

Respectfully Submitted,

Charles Saia, Executive Director  
Governor's Commission on Disability

Northeast Deaf and Hard of Hearing Services  
Telecommunication Equipment Distribution Program  
Fiscal Year 2014-2015  
June 2015 Report

Applications	YTD Total	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Application Packages Distributed	638	46	49	43	69	30	35	71	127	62	44	18	44
Applications Received	167	20	18	21	14	17	11	14	9	14	11	5	13
Outreach Presentation & Exhibits Performed	71	2	0	9	10	8	3	4	4	7	10	8	6
<b>Equipment</b>	<b>YTD Total</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>	<b>Apr-15</b>	<b>May-15</b>	<b>Jun-15</b>
Total Number of Pieces	257	37	14	21	13	25	19	20	13	28	27	23	17
Amplified Phone	79	13	9	7	7	3	4	7	3	10	5	5	6
TTY	6	0	0	1	0	0	0	2	1	1	1	0	0
Cap Tel Phone	26	1	0	0	2	3	3	1	1	2	3	3	0
Speakerphone	0	0	0	0	0	0	0	0	0	0	0	0	0
Signaler	65	11	3	2	2	9	7	4	2	5	8	7	5
Accessories	80	11	2	4	2	10	5	6	6	10	10	8	6
Disposal of damaged equipment	1	1	0	0	0	0	0	0	0	0	0	0	0
Wireless Phone (\$ )	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Primary Disability Criteria</b>	<b>YTD Total</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>	<b>Apr-15</b>	<b>May-15</b>	<b>Jun-15</b>
Hard of Hearing	77	9	7	14	8	2	2	5	2	9	9	6	4
Deaf	4	1	0	0	1	1	1	0	0	0	0	0	0
Speech Impaired	4	0	0	1	0	0	0	1	0	1	1	0	0
Physical Disability	2	0	0	1	0	0	0	0	0	0	0	1	0
Vision Impaired	22	5	2	1	1	1	0	1	2	4	1	1	3
Cognitive	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Secondary Disability Criteria</b>	<b>YTD Total</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>	<b>Apr-15</b>	<b>May-15</b>	<b>Jun-15</b>
Hard of Hearing	6	1	1	0	0	0	0	1	0	0	0	1	2
Deaf	1	0	0	1	0	0	0	0	0	0	0	0	0
Speech Impaired	3	0	1	1	0	0	0	0	0	1	0	0	0
Physical Disability	16	2	1	4	0	0	0	0	1	2	3	2	1
Vision Impaired	14	1	0	3	4	0	0	1	1	1	2	1	0
Cognitive	10	0	1	3	0	1	0	0	0	3	0	1	1
<b>Equipment Budget</b>	<b>YTD Total</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>	<b>Apr-15</b>	<b>May-15</b>	<b>Jun-15</b>
Anticipated Monthly Expense - Equipment	\$3,326.51	\$3,326.51	\$3,221.04	\$3,312.23	\$3,312.09	\$3,345.85	\$3,428.33	\$3,562.55	\$3,684.95	\$3,553.43	\$3,065.91	\$2,778.63	\$2,751.15
Actual Months Expended	\$43,212.49	\$4,896.74	\$2,602.05	\$3,563.03	\$3,432.45	\$2,768.45	\$3,027.75	\$3,040.67	\$4,512.99	\$5,427.80	\$3,720.46	\$2,806.10	\$3,415.00
Minus Cost Share	\$3,087.97	\$409.12	\$292.91	\$249.53	\$390.41	\$0.00	\$404.71	\$90.14	\$301.93	\$411.83	\$79.97	\$0.00	\$457.42
Total Actual Spent for month	\$40,124.52	\$4,486.62	\$2,309.14	\$3,313.50	\$3,042.04	\$2,768.45	\$2,623.04	\$2,950.53	\$4,211.06	\$5,015.97	\$3,640.49	\$2,806.10	\$2,957.58
Grant Amount (Equipment Only)	\$40,000.00	\$39,918.09	\$35,431.47	\$33,122.33	\$29,808.83	\$26,766.79	\$23,998.34	\$21,375.30	\$18,424.77	\$14,213.71	\$9,197.74	\$5,557.25	\$2,751.15
Prior Year Balance	(\$81.91)												
Balance of Grant	(\$206.43)	\$35,431.47	\$33,122.33	\$29,808.83	\$26,766.79	\$23,998.34	\$21,375.30	\$18,424.77	\$14,213.71	\$9,197.74	\$5,557.25	\$2,751.15	(\$206.43)