

Colorado Telecommunications Equipment Distribution Program (TEDP)



a program of the
**Colorado Commission for the Deaf
and Hard of Hearing (CCDHH)**

Application for Equipment

This is an application for qualified citizens to receive
adaptive telecommunications equipment.
Application forms are also available in large print or Braille format.

If you have any questions about this application or the TEDP, please contact us at: 303-866-2097 (Voice), 303-866-2098 (TTY), 303-866-4734 (VP), 303-866-4831 (Fax), or email us at: Deaf.Commission@state.co.us

The Applicant is the person who wishes to receive telecommunications adaptive equipment. Only one application per telecommunications service allowed and only one shipment can be issued per eligible individual every 4 years, unless the individual's disability changes.

Please Fill out this form and Mail it with the required supporting documents to:

CCDHH
Attn: TEDP
1575 Sherman Street, 2nd Floor
Denver, CO 80203

Application # _____ Date Received _____ / _____ / _____

SECTION 1 - TO BE COMPLETED BY THE APPLICANT

Applicant's Name (First, Middle, Last) _____

Address _____
 (If P.O. Box, then a physical address of the location where you live must be provided.)

City _____ County: _____ State: CO Zip: _____

Telephone Number _____ TTY Voice Other: (please list) _____

Email address _____

Social Security Number _____ Date of Birth _____

Male Female

Disability: Deaf Deaf-Blind Hard of Hearing Late-Deafened

Disability has changed. Please explain: _____

Other. Please explain: _____

Nationality: African-American Asian Caucasian Hispanic Other

I learned about TEDP from (check all that apply):

Social Service Office Friend TEDP Flyer ColoradoDeafNews CCDHH Website VR Office

Newspaper Organizational newsletter Disability Services Teacher

Other _____

Household Income (count the total number of people in your home and total everyone's income)

Family Size	Annual Gross Income	Family Size	Annual Gross
<input type="checkbox"/> 1 person (you)	less than \$31,200	<input type="checkbox"/> 5 person (including yourself)	less than \$74,400
<input type="checkbox"/> 2 persons (including yourself)	less than \$42,000	<input type="checkbox"/> 6 persons (including yourself)	less than \$85,200
<input type="checkbox"/> 3 persons (including yourself)	less than \$52,800	<input type="checkbox"/> 7 persons (including yourself)	less than \$96,000
<input type="checkbox"/> 4 persons (including yourself)	less than \$63,600	<input type="checkbox"/> 8 persons (including yourself)	less than \$106,800

Income information will be used to determine if you are eligible to receive free adaptive telecommunications equipment. Eligible applicants shall be awarded program participation on a first-come, first-served non-discriminatory basis, in accordance with the approval date as determined by the dated signature of the CCDHH TEDP staff. Applicants will be placed on a waiting list during times of fiscal constraint.

APPLICANT: I certify that all information given on this application is true. I am a resident of Colorado and am unable to use a regular telephone without adaptive telecommunications equipment. My parent/guardian or I accept responsibility for the equipment and its maintenance.

**• APPLICATION MUST HAVE ORIGINAL SIGNATURES •
 • NO PHOTOCOPIES OR FAX COPIES ACCEPTED •**

If applicant is under 18 years old, a parent/legal guardian must sign and assume full responsibility for the equipment.

Signature of Applicant _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian Name _____ Social Security Number _____

SECTION 2 – OTHER INFORMATION YOU MUST SEND IN WITH THIS APPLICATION

**Please include this information with your application.
We cannot process your application without this information.
Send copies of your documents. Do not send originals.**

- Proof of Colorado Residency.** Use one of the following:
- A copy of your valid Colorado Driver's License or State ID Card
 - A copy of your valid Colorado Voter's Registration Card
 - A copy of a current Utility bill with your address printed on it (a gas, water, electricity, or telephone bill is acceptable)
 - A copy of your valid student identification and proof of current enrollment under in-state tuition status at an institution of higher learning located in Colorado
- Proof of telecommunications service.** (Applicant must have access to the telecommunications service appropriate for the equipment selected below and/or on the Equipment Selection Form)
- Send a copy of the first page of your recent telecommunications bill.
 - The address on the telecommunications bill must be same as the applicant's address.
- Proof of annual gross income.** (Applicant must demonstrate low-income status)
- A copy of your federal income tax return form (front page only) PREFERRED
 - A copy of your Social Security Award Letter (not SS office computer print-out)
- Equipment Selection Form.**
- Please review the included Equipment Selection Form to let us know what would best meet your needs. If you are unsure of which equipment would be best, please call us for assistance or ask for an equipment demonstration.

Choose the equipment that best meets your needs. Each applicant automatically receives the **Sonic TR75** telephone signaler or **Sonic Elite TR75VR** videophone signaler. Each applicant may also choose one additional ring signaler, and one adaptive telecommunications unit.

Ring Signalers / Amplifier: Choose One

- Sonic Alert TR100 Sonic Alert SA201
 Sonic Alert BL300 Ameriphone HA-40 (*Portable Handset Amplifier*)

Adaptive Telecommunications Equipment: Choose One

Amplified Telephones:

- Ameriphone XL-40 Clarity C4205
 Ameriphone XL-50 ClearSounds CS-C50

Text Telephones:

- Ultratec Uniphone 1140
 Ultratec Superprint 4425
 Ultratec CapTel 200 (*Applicant must have access to analog phone line*)

Videophones: (Applicant must have access to high speed internet service)

- D-Link DVC-1000
 D-Link DVC-2000

SECTION 3 – CERTIFICATION OF DISABILITY (TO BE FILLED OUT BY CERTIFIER ONLY)

This certification can be made at the applicant's expense by one of the following:

- Licensed Physician or Nurse
- Registered Hearing Aid Provider
- Social Worker or Case Worker
- Professional (public/private agency) providing direct services to those with hearing loss
- Director/Representative of Colorado Independent Living Center
- State Certified Teacher of the Deaf, Hard-of-Hearing, or Deaf-Blind
- Registered Audiologist
- Speech/Language Pathologist
- State Certified Special Education Teacher

CERTIFIER: Please identify and verify that the applicant's disability will prevent or cause reduced ability to use a standard telephone, thus making adaptive telecommunications equipment necessary. If you have any questions, please contact us at: 303-866-2097(V), 303-866-2098(TTY), 303-866-4734(VP), 303-866-4831(Fax), or email at Deaf.Commission@state.co.us

Please note that the CCDHH TEDP staff does not certify applicants for this program.

The Applicant's Name (First, Middle, Last): _____

S/He is: Deaf Deaf-Blind Hard of Hearing Late-Deafened Other: (please explain) _____

Certifier Name _____ **License Number** _____

Name of Business _____

Address _____

City _____ **County:** _____ **State:** CO **Zip:** _____

Telephone Number _____ TTY Voice Both

Certifier (Check One):

- Licensed Physician or Nurse
- Licensed Hearing Aid Specialist
- Professional (public/private agency) providing direct services to those with hearing loss
- Director/Representative of Colorado Independent Living Center
- State Certified Teacher of Deaf/Hard of Hearing or Deaf-Blind children
- State Certified Special Education Teacher
- Licensed Audiologist
- Licensed Speech Pathologist
- Social Worker or Case Worker
- Other: _____

I attest that I am eligible to certify under the provisions of the law. I am aware of the extent of the applicant's disability that is consistent with the requirements of the program. The applicant can benefit from the requested equipment.

Signature of Certifier _____ Date _____

This program is funded by the Colorado Commission for the Deaf and Hard of Hearing (CCDHH) through the Colorado General Assembly enactment of House Bill 2002-1180 that amended C.R.S. Chapter 215, Article 26.21, 106. Monies that are collected as a surcharge on each residential phone line in the state of Colorado by the Public Utilities Commission are distributed from the Disabled Telephone Users Fund.

INSTRUCTIONS FOR COMPLETING THE TEDP APPLICATION FORMS

ALWAYS TYPE OR PRINT (except for signatures) in blue or black ink. If you have any questions about how to fill out this application, please call 303-866-2097(V), 303-866-2098(TTY), 303-866-4734(VP), 303-866-4831(Fax), or email at Deaf.Commission@state.co.us

Send completed application and supporting documents to: CCDHH, Attn: TEDP, 1575 Sherman Street, 2nd Floor, Denver, CO 80203