



INSTRUCTIONS - APPLICATION FOR SPECIAL TELECOMMUNICATIONS EQUIPMENT

REQUIREMENTS (1987 OREGON LAWS, CHAPTER 290, SECTIONS 9 - 16):

Only **one** telecommunication equipment option may be permanently loaned (at no cost) **per individual**. Only two per eligible household. NOTE: This form is available in Spanish. Please contact our office. Esta formulario lo puede obtener en español. Por favor llame a la oficina de TDAP.

To be eligible to receive equipment, an applicant must:

1. be a resident of the state of Oregon
2. be deaf / hard of hearing / hearing-impaired, speech-impaired, deaf-blind, or mobility-impaired
3. be unable to communicate effectively on the phone without the use of specialized equipment
4. have phone service in household.

APPLICATION FORM COMPLETION:

Please call TTY (503) 378-6962 or 1-800-648-3458; or Voice (503) 378-6211 or 1-800-848-4442 if you have questions.

SECTION A is to be completed and signed by the applicant.

If the applicant is under the age of 18, a parent or legal guardian must sign and assume responsibility for the equipment. All questions, except "name of applicant", pertain to parent / guardian if applicant is under the age of 18. Emancipated minors are considered adults for this application.

Definitions of impairments are provided on the next page of the application form.

SECTION B is to be referred to a certifying Professional such as a licensed physician, speech pathologist, audiologist, vocational rehabilitation counselor for explanation of disability and signature. This information (in section B) certifies that the equipment is required for the applicant to communicate effectively on the telephone.

NOTE: Deaf and hard of hearing applicants must have a severe or profound loss. The certifying explanation must specify the severity of the loss.

Other proof of disability may be included, but cannot replace the signed form for Professional Certification.

Please call if there are questions about the completion of the form or if additional forms are needed.

After Section B has been certified by a professional, return the form to TDAP at the address listed on the application form.

Notification of the status of your application an approval or a denial letter will be mailed within 45 days of receiving your application.

The applicant must have the ability to understand how to use the telecommunication equipment and sign a Conditions of Acceptance form before receiving the equipment.

NOTE: Failure to report changes of information (address, phone number, etc.) will place the recipient on the suspended list. This means, that you cannot exchange your equipment until you are no longer suspended.

ESTABLISHING TELEPHONE SERVICE:

PUC will not set up your telephone service.

To obtain telephone service contact your nearest telephone company business office or have someone call for you.

When you request phone service, you may be asked to pay a deposit and an installation charge.

You will be responsible for paying the monthly service charges and any long distance calls.

**SPECIAL ACCOMMODATIONS (SUCH AS LARGER PRINT OR ASSISTANCE
COMPLETING THE FORM) ARE AVAILABLE UPON REQUEST**

Before

DISABILITY DEFINITIONS (AS THEY PERTAIN TO TDAP)

DEAF / HARD OF HEARING / HEARING - IMPAIRED means the person has a severe to profound hearing loss that requires use of an amplified phone, VCO phone, a telecommunication device for the deaf (TTY) or text telephone to communicate effectively on the telephone. The hearing loss must be severe or profound.

SPEECH - IMPAIRED means the person has a speech disability that requires use of telecommunications device for the deaf (TTY) or text telephone to communicate effectively on the telephone.

DEAF-BLIND means the person has a hearing loss and a visual impairment that requires use of a telecommunication device for the deaf (TTY) or text telephone with large visual display or similar device to communicate effectively on the telephone.

MOBILITY-IMPAIRED means the person has a disability that affects the use of hands or upper extremities that prevents them from using a standard phone. The requirement is to have little or no ability to use a touch-tone or rotary dial, or to hold a phone for an extended time.

TELECOMMUNICATION DEVICE FOR THE DEAF (TTY) OR TEXT TELEPHONE

means an electrical device for use with a telephone that uses a keyboard, acoustic coupler, display screen or Braille display to transmit and receive messages.

SIGNAL DEVICE means a mechanical device that alerts a deaf, deaf-blind or hearing-impaired person of an incoming telephone call.

ADAPTIVE EQUIPMENT means special telecommunications equipment that permit people with mobility impairments to communicate effectively on the telephone.

AMPLIFIED PHONE means a desktop phone that has a volume control that amplifies calls through the receiver.

VCO PHONE a voice carry over phone that displays text, but allows the user to hear and speak through the receiver.

CAPTEL a captioned telephone that has a voice recognition technology that transcribes everything the other party says into written text. It allows deaf and hard of hearing to speak and read the caption that appears almost simultaneously. "Hidden" operators listen to the conversation of the hearing party and re-voice into voice recognition software that captions at a rate closely equivalent to regular conversation on the phone. Both the standard phone user and the CapTel user do not interact with the operator, making communication less dependent on a 3rd party.

**Questions or concerns should be directed to the
Telecommunication Devices Access Program (TDAP):**

**(503) 378-6962 or 1-800-648-3458 for TTY
(503) 378-6211 or 1-800-848-4442 for Voice
puc.tdap@state.or.us**

PROFESSIONAL CERTIFICATION FORM

FOR PATIENT NAME: _____

(ONLY FOR A LICENSED PHYSICIAN, SPEECH PATHOLOGIST, AUDIOLOGIST, VOCATIONAL REHABILITATION COUNSELOR)

SECTION B

THE PERSON CERTIFYING THE DISABILITY CANNOT BE A RELATIVE OF THE APPLICANT. SEE PAGE 2 OF THE FORM FOR TDAP TELEPHONE NUMBERS AND DEFINITIONS OF ELIGIBLE DISABILITIES. PLEASE RETURN THIS FORM TO THE APPLICANT AFTER COMPLETION.

IMPAIRMENT

DEAF HARD OF HEARING SPEECH IMPAIRED VISION IMPAIRED

DEAF-BLIND DEAF /VISUALLY-IMPAIRED MOBILITY IMPAIRED **(MUST BE AN IMPAIRMENT THAT AFFECTS UPPER EXTREMITIES)**

EQUIPMENT (FOR DEAF, HARD OF HEARING OR SPEECH-IMPAIRED)

TTY AMPLIFIED TELEPHONE AMPLIFIED PHONE FOR CI USER JV35 VISION IMPAIRED PHONE

TTY TRAINING VIDEO LARGE VISUAL DISPLAY (FOR TTY ONLY) VCO PHONE (WITH OR WITHOUT KEYBOARD)

YES NO (PHYSICAN MUST INDICATE VISUAL IMPAIRMENT) CapTel Training Video

LOUD RINGER or SIGNAL DEVICE (FLASHING LIGHT) CapTel Phone

EQUIPMENT (FOR MOBILITY IMPAIRED ONLY)

REMOTE CONTROLLED SPEAKER TELEPHONE

PILLOW SWITCH LAPEL MIC SIP & PUFF HEADSET FOREHEAD SWITCH FOOT SWITCH

SECTION C

NOTE: LEAVING THIS SECTION BLANK WILL RESULT IN AUTOMATIC DENIAL OF YOUR APPLICATION.

INDICATE THE EXTENT AND PERMANENCE OF THE HEARING IMPAIRMENT, VISUAL IMPAIRMENT, SPEECH IMPAIRMENT AND/OR MOBILITY IMPAIRMENT AFFECTING TELEPHONE COMMUNICATION, **PLEASE BE SPECIFIC. (FOR DEAF & HARD OF HEARING APPLICANT: PLEASE INDICATE WHETHER THE LOSS IS MILD, MODERATE, SEVERE OR PROFOUND.)**

I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT REQUIRES THE USE OF SPECIALIZED TELECOMMUNICATIONS EQUIPMENT TO COMMUNICATE EFFECTIVELY ON THE TELEPHONE.

NAME (PRINT OR TYPE)	TITLE	LICENSE NUMBER	
STREET	CITY	STATE	ZIP CODE
SIGNATURE	TELEPHONE	DATE	

APPLICATION COMPLETION CHECKLIST

- Did you complete the name, address, city and zip code information?
- Is your mailing address different than your home address?
If so, did you include it?
- Are you under 18? If yes, list your date of birth next to your name, and have your parent/guardian sign their name and date the application.
- Did you put down your ODL or OID Card number?
- Did you put down your telephone number?
- Did you sign your name and date the application?
- Did you have a licensed physician, speech pathologist, audiologist or vocational rehabilitation counselor complete and sign the certification in Section B? (Hearing Aid dispenser or dealer does not qualify)
- Did you sign the Conditions of Acceptance form?
- Did you write in the name, address and telephone number of a person to contact? **(must supply contact with 2 different addresses)**



CONDITIONS FOR ACCEPTANCE OF TDAP EQUIPMENT

**Note: This form is available in Spanish. Please contact the TDAP office.
Esta formulario lo puede obtener en español. Por favor llame a la oficina de TDAP.**

USE AND CARE

I UNDERSTAND AND AGREE that I am responsible for the appropriate care of all equipment and will not use it for any purpose other than accessing telephone services.

DAMAGE AND REPAIR

I UNDERSTAND AND AGREE that any equipment needing repair will be taken to the TDAP office and I will be responsible for any and all cost.

THEFT

I UNDERSTAND AND AGREE that if my equipment is stolen, I will notify the local law enforcement agency within 24 hours of discovery. I agree to give a copy of the police report to the TDAP office within five (5) days of the date the theft was reported.

CHANGE OF ADDRESS

I UNDERSTAND AND AGREE that if I move to another place in Oregon, I have twenty (20) calendar days to report my new address to the TDAP office at the Public Utility Commission (PUC).

I UNDERSTAND AND AGREE that I am required to submit my Oregon Driver's License number or Oregon Identification number for address verification purposes. (Note: contact the TDAP if you do not have an ODL or ID number).

TELEPHONE SERVICE

I UNDERSTAND AND AGREE that I must have access to telephone service in order to obtain equipment.

I UNDERSTAND AND AGREE that I must return my equipment within 30 days after my telephone service has terminated.

I UNDERSTAND AND AGREE that if I change my telephone number, I have twenty (20) calendar days to report the new number to the TDAP office at PUC.

SUPPLIES AND COSTS OF OPERATION

I UNDERSTAND AND AGREE that I am responsible for the purchase of equipment supplies, such as TTY paper, light bulbs, services, and the costs related to the use of the equipment, such as telephone service for TTY and long-distance fees.

LIABILITY

I UNDERSTAND AND AGREE this equipment is the property of the State of Oregon. **I AGREE** that I will not sell, give away, or loan the equipment to anyone. **I AGREE** that I am liable to the State of Oregon for all damages, and related expenses, to the equipment arising out of any negligence, (e.g. dirty equipment or spilled liquid, etc), recklessness, misuse, intentional destruction, or loss of the equipment. A price list of the most current prices for previously used and current equipment is included. (See next page)

I UNDERSTAND AND AGREE that I will obtain written permission from the PUC's TDAP Manager before I travel out-of-state with my equipment for more than ninety (90) calendar days.

I UNDERSTAND AND AGREE that I must return the equipment to the PUC's TDAP office before I permanently move out of Oregon. **I UNDERSTAND AND AGREE** that I will be liable for the replacement cost of the equipment if I fail to return it before moving out of Oregon.

Before

I UNDERSTAND AND AGREE that I will obtain written permission from PUC's TDAP Manager before I travel out of the United States with any equipment at any time.

NUMBER OF TTY OR ADAPTIVE DEVICES PER HOUSEHOLD

I UNDERSTAND AND AGREE that I am allowed only one TTY or adaptive device. However, a maximum of two TTY's or adaptive devices may be provided to a household if more than one eligible person resides in the household.

RESPONSIBILITY

I UNDERSTAND AND AGREE that if there is a change in responsibility (for example, an applicant becomes 18 or there is a different guardian for an applicant under the age of 18) to notify the TDAP Manager within five (5) calendar days. **I UNDERSTAND** that signatures of the new person(s) responsible will be required.

I UNDERSTAND AND AGREE TO COMPLY WITH ALL THESE CONDITIONS.

(Signature of Applicant or Parent / Guardian)

(Date)

Please Print Your Name: _____

Please do not write below this line

Date Equipment was distributed: _____

(Value)	(Equipment)	(Serial Number)
\$299.00	TTY	_____
VARIES	Signal Device/Loud Ringer	_____
\$101.20	JV35	_____
\$215.00	Large Visual Display	_____
\$359.00	Speaker Telephone	_____
\$560.00	Able Telephone	_____
VARIES	Amplified Phone	_____
VARIES	VCO Phone	_____
\$128.95	CI Amplified Phone	_____
VARIES	Accessories	_____
\$350.00	CapTel	_____

Before