



# Oregon

Tina Kotek, Governor

**Public Utility Commission**  
Residential Service Protection Fund  
Telephone Assistance Programs  
201 High St SE Suite 100  
Salem, OR 97301-3612  
**Mailing Address:** PO Box 1088  
Salem, OR 97308-1088  
1-800-848-4442  
TTY: 1-800-648-3458  
Fax: 1-877-567-1977  
[www.tdap.oregon.gov](http://www.tdap.oregon.gov)  
[puc.rspf@puc.oregon.gov](mailto:puc.rspf@puc.oregon.gov)



Dear Applicant,

Thank you for your interest in obtaining a speech generating device (SGD) from the Telecommunication Devices Access Program (TDAP). Our goal is to loan these devices to eligible customers who have a severe or greater speech impairment. Due to a cap on funding, we will provide SGDs on a “first come, first served” basis.

Before you submit your application for a speech generating device, we encourage you to take the following steps:

- Explore the possibility of obtaining a SGD through private insurance, Medicaid or Medicare,
- Work with your American Speech-Language-Hearing Association (ASHA) certified speech-Language pathologist (SLP) in selecting the SGD that best meets your needs and;
- Contact the manufacturers or vendors for assistance in selecting a SGD. (See page 1 of the enclosed application.)

Please complete and sign Section A on page 2 and 3 of the application. Make sure your SLP completes and signs Section B on page 4 and 5. We look forward to working with you.

If you have any questions or concerns, please contact us using any of the methods listed above Monday through Friday, 9 a.m. to 4 p.m.

Sincerely,  
TDAP Staff

# Oregon Telecommunication Devices Access Program (TDAP) Speech Generating Devices Application

## AVAILABLE SPEECH GENERATING DEVICES

Vendor	Speech Generating Device	Access Methods
Prentke-Romich	<ul style="list-style-type: none"> <li>• Accent 800</li> <li>• Accent 1000</li> <li>• Accent 1400</li> <li>• Via Pro - Basic or enhanced</li> <li>• PRio Mini</li> </ul>	<ul style="list-style-type: none"> <li>• Look</li> <li>• NuEye</li> <li>• NuPoint</li> </ul>
Teltex	<ul style="list-style-type: none"> <li>• iPad</li> <li>• iPad Mini</li> <li>• iPad Pro 11" or 12.9"</li> </ul>	N/A
Tobii-Dynavox	<ul style="list-style-type: none"> <li>• EM-12</li> <li>• I-13</li> <li>• I-16</li> <li>• I-110</li> <li>• SC Tablet</li> </ul>	<ul style="list-style-type: none"> <li>• Pilot</li> <li>• Gaze Interaction - i-Series or Pilot</li> </ul>
Saltillo	<ul style="list-style-type: none"> <li>• Nova Chat 5 Plus or Dedicated Plus</li> <li>• Nova Chat 8 Plus</li> <li>• Nova Chat 10 Plus</li> <li>• Nova Chat 12 Plus</li> </ul>	<ul style="list-style-type: none"> <li>• Chat Fusion 10 Plus</li> <li>• Chat Fusion 8 Plus</li> <li>• Touch Chat Express Plus or Dedicated</li> <li>• ChatPoint</li> </ul>
Smartbox	<ul style="list-style-type: none"> <li>• Grid Pad 10</li> <li>• Grid Pad 12</li> <li>• Grid Pad 15</li> <li>• Touch Pad</li> <li>• Talk Pad 8</li> </ul>	<ul style="list-style-type: none"> <li>• Talk Pad 10</li> <li>• Talk Pad 13</li> <li>• Lumin-I Eye Tracking Camera</li> <li>• Alea Eye Tracking Camera</li> </ul>

**Please contact the manufacturer for assistance in selecting a speech generating device.**

## VENDOR CONTACT INFORMATION

VENDOR	PHONE NUMBER	E-MAIL ADDRESS	WEB SITE
Prentke-Romich	800-262-1984	<a href="mailto:service@prentrom.com">service@prentrom.com</a>	<a href="http://www.prentrom.com">www.prentrom.com</a>
Teltex	888-515-8120	<a href="mailto:info@teltex.com">info@teltex.com</a>	<a href="http://www.teltex.com">www.teltex.com</a>
Tobii-DynaVox	800-344-1778	<a href="mailto:css@tobiidynavox.com">css@tobiidynavox.com</a>	<a href="http://www.tobiidynavox.com">www.tobiidynavox.com</a>
Saltillo	877-397-0178	<a href="mailto:info@saltillo.com">info@saltillo.com</a>	<a href="http://www.saltillo.com">www.saltillo.com</a>
Smartbox	844-341-7386	<a href="mailto:info@thinksmartbox.com">info@thinksmartbox.com</a>	<a href="http://www.thinksmartbox.com">www.thinksmartbox.com</a>

# Speech Generating Devices Application

Oregon Public Utility Commission  
PO Box 1088, Salem, OR 97308-1088  
800-848-4442  
TTY: 800-648-3458  
Videophone: 971-239-5845  
Fax: 877-567-1977  
puc.rspf@puc.oregon.gov

Oregon Telecommunication  
Devices Access Program (TDAP)  
www.tdap.oregon.gov

## SECTION A

Please Print Your Information and Sign on Page 3 ( \* Required Information )

**Please note you may be able to acquire a speech generating device through private insurance, Medicaid or Medicare. TDAP loans speech generating devices for phone access to eligible Oregonians who may otherwise be unable to obtain a speech generating device.**

\_\_\_\_\_  
( ) -  
\*Name of Applicant (Last, First, Middle) \*Phone or Email Address

\_\_\_\_\_  
\*Home Address Apt. # \*City \*ZIP

\_\_\_\_\_  
Mailing Address (if different than above) Apt. # City Zip

\_\_\_\_\_  
Shipping Address (if different than above) Apt.# City ZIP

\_\_\_\_\_  
\*Applicant (or Parent/Guardian) \*Applicant Date of Birth Parent/Guardian Name  
Oregon Drivers License or ID # (If applicant is a minor)  
We use your Oregon Driver's License or ID# to verify that you live in Oregon. If you do not have an ODL or ID#, please send a copy of your recent utility bill or benefits statement to us with your application.

\_\_\_\_\_  
\*Alternate Contact Name (Last, First) \*Relationship \*Phone  
(e.g. spouse, friend, relative, or caregiver)

\_\_\_\_\_  
\*Mailing Address of Contact Person Apt. # \*City \*ZIP

I authorize my certifying speech-language pathologist to release all appropriate and necessary medical information required for the sole purpose of selecting the most appropriate goods or services provided by the Oregon TDAP.

Yes  No

# Conditions of Acceptance and Agreement for TDAP Speech Generating Devices

Please read and sign the form that indicates you understand and agree to comply with the following conditions upon acceptance of all TDAP Speech Generating Devices (Equipment):

- All TDAP Equipment (Equipment) provided to me is the property of the State of Oregon for four years from the Public Utility Commission's (Commission) purchase date. Until the Commission informs me the Equipment is no longer the property of the State of Oregon, I will assume that it is property of the State.
- I will use the Equipment provided to me in compliance with Oregon laws and regulations, including OAR Chapter 860, Division 33.
- I am responsible for the appropriate care of all Equipment and costs related to the use of all Equipment (including, but not limited to: batteries and phone or internet service). I am financially responsible for any failure to comply with OAR 860-033-0535(4) - (8).
- I am financially responsible if any Equipment is lost.
- I will contact the Commission if any Equipment is in need of repair or replacement.
- I will return any duplicate Equipment to TDAP within 30 days of a request from the Commission.
- I will not sell, lease, give away, or loan any Equipment to anyone. I will not use any Equipment as collateral for a loan of any type or as a pledge for a pawn loan.
- I am financially responsible for any damage to any Equipment that is not caused by normal wear and tear or acts of nature, force majeure or acts of terrorism.
- If any Equipment is stolen, I will notify the local law enforcement agency in the jurisdiction where the theft occurred within 24 hours of the time the theft is discovered. I will submit a copy of the law enforcement agency report that describes the theft, includes the location, date, time of discovery and any witnesses' names, addresses and telephone numbers to the Commission within 5 business days of the reported date of the theft.

***All statements I have made in this application are true and correct to the best of my knowledge.***

**Signature of Applicant or Parent / Guardian (If Applicant is under 18)**

**Date**

\*Please provide a copy of the Power of Attorney/guardianship documentation if signing on behalf of applicant.

## SECTION B

### ASHA SPEECH-LANGUAGE PATHOLOGIST CERTIFICATION FORM

#### IMPAIRMENT (CHECK ALL THAT APPLY)

Speech

Moderate

Severe

No Usable Speech

Language

Expressive

Receptive

Both

#### Other Impairments - For TDAP Information Purposes Only

Hard of Hearing/Deaf

Mild

Severe

Moderate

Profound

Mobility

Upper

Lower

Both

Cognitive

Mild

Moderate

Severe/Profound

#### SPEECH GENERATING DEVICE REQUEST

Primary Device Requested: \_\_\_\_\_

Access Method (if needed): \_\_\_\_\_

Secondary Device Requested: \_\_\_\_\_

Access Method (if needed): \_\_\_\_\_

#### SPEECH APP SELECTION (FOR IPADS ONLY)

If selecting an iPad, please provide the name of the speech app below and provide a justification for this request as an amendment to this application.

App Name: \_\_\_\_\_

**SECTION B CONTINUED**

**ASHA CERTIFIED SPEECH–LANGUAGE PATHOLOGIST CERTIFICATION FORM**

*Please provide the following information in detail as an amendment to the application:*

**I. Applicant’s communication abilities:**

- a. Ability to communicate without use of a device
- b. Previous experience with devices (if applicable)
- c. Why are previously owned or issued devices no longer being used (if applicable)
- d. Applicant’s current means of communication

**II. Selection of device:**

- a. List all devices considered and rationale for elimination
- b. Rationale for selection of specific device
- c. Indications for success with selected device
- d. Describe the applicant’s experience using the selected device (if applicable)
- e. Rationale for selection of an alternate (secondary) device
- f. Indications for success with alternate (secondary) device
- g. Describe the applicant’s experience using the alternate (secondary) device (if applicable)

**III. Using the device:**

- a. Expectations for applicant’s communication ability while using the device
- b. Perceived duration of need to use the device
- c. Plans for successful phone communication using the device
- d. Speech-Language Pathologist’s continuing plans to assist the applicant in using the device
- e. Support necessary for applicant to be successful using the device (e.g. caregiver, family members, other professionals)

**By signing below, I hereby certify \_\_\_\_\_ requires the use of  
(Applicant's Name - Last, First)  
a speech generating device to communicate effectively on the phone.**

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
ASHA License Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

( ) -  
Phone

( ) -  
Fax

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date