

Application for Telecommunication Equipment

The Office of the Deaf and Hard of Hearing (ODHH) operates a Telecommunication Equipment Distribution (TED) program. The TED Program supplies specialized telecommunication equipment to people who have a hearing loss or speech disability so that they can use the telephone independently.

Washington State residents ages 4 and up who are deaf, hard of hearing, late-deafened, deaf-blind or speech disabled are eligible to apply to receive telecommunication equipment.

This application has the information you will need to complete the process. If you have any questions or need help filling out the application, you may contact the TED Program.

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Office of the Deaf and Hard of Hearing Telecommunication Equipment Distribution Program

1115 Washington St. SE
PO Box 45301
Olympia, WA 98504-5301

(800) 422-7930 V/TTY
(360) 902-8000 V/TTY
(360) 902-0855 FAX

Video IP: 65.113.246.110
VP LN: 360-339-7382
E-mail: odhh@dshs.wa.gov
Web : <http://odhh.dshs.wa.gov>

To receive equipment, you must:

- Complete the Application for Telecommunication Equipment (pages 7 - 8).
An incomplete application may cause a delay in service.
We will send you a letter if your application is incomplete or denied.
- Mail your application to the TED Program at the address above.

When your application is accepted and processed, we will:

1. Send you a letter showing the cost of equipment, if any.
 2. Add your name to the next equipment distribution list.
 3. Issue the equipment to you.
- For more information about the application process, see Frequently Asked Questions in Program Information (page 2).*

Applications are available in Large Print, Braille, and other languages.

You may contact ODHH to request an application in an alternative format.



Washington Telecommunication Relay Service (WATRS)

www.washingtonrelay.com

Some specialized telecommunication equipment must be used with Relay. Relay is a free service that connects people who use specialized telephone devices to people who use a standard telephone, and vice versa.

- To use Relay, simply dial 7-1-1.
- You will be connected to a Relay Operator (RO).
- The RO will dial the phone number being called and relay the conversation between both people.

Frequently Asked Questions (FAQ)

Does my income disqualify me from getting equipment through the TED Program?

No. Anyone who meets the qualifications (page 1) may apply for equipment, regardless of income.

Do I have to pay for equipment?

You may receive equipment at a reduced cost or free of charge. The cost of the equipment is determined by a sliding scale. Your family size and income is used to calculate the amount you must pay, if any. We will send you a letter that shows the amount you owe.

We must receive payment before we can issue equipment. If you are unable to pay the amount owed, you may request a waiver. For more information about the waiver process, contact the TED Program.

What income must be reported?

You must report any and all sources of income including but not limited to wages, disability benefits, retirement income, social security, and interest.

What equipment may I choose from?

The TED Equipment Catalog (pages 4 - 6) shows equipment types available. You may select one (1) telecommunication device with accessories for that device, if available; **and** one (1) signaling device. You must select the equipment type you want on the application (page 8, section 3).

What kind of home phone service is required?

Clients applying to receive a Captioned Telephone, amplified phone or other landline based telecommunication equipment must have analog based phone services. Internet or cable based phone services such as those provided through Comcast or Wave Cable are not compatible with the CapTel phones; however, will work for amplified phones.

Frequently Asked Questions (FAQ) (Continued)

What professionals are authorized to sign my application form?

Check the box that describes the profession of the individual signing the application form. WAC 388-818-010 states that the following individuals are authorized to certify an applicant's eligibility:

- a. A person who is licensed or certified by the Department of Health to provide health care in the state of Washington;
- b. An audiologist or hearing aid fitter / dispenser in the State of Washington;
- c. A deaf specialist or coordinator at one of the community service centers for the deaf and hard of hearing in the state;
- d. Any in-state nonprofit organization serving the hearing or speech impaired.
- e. Staff from a qualified Washington state agency;
- f. A vocational rehabilitation counselor within the State of Washington;
- g. A deaf-blind specialist or coordinator at an organization that serves deaf-blind people within the State of Washington;
- h. A licensed occupational therapist within the State of Washington;
- i. A certified speech pathologist practicing in the State of Washington; or
- j. Other: write-in your profession.

I received equipment in the past. May I reapply for new equipment?

You are eligible to reapply for new equipment after three (3) years **only if** your current equipment from the TED Program is not working **or** no longer meets your needs. If you received the equipment at no cost, you must return that equipment before we can give you new equipment. You may contact the TED Program for more information.

When will I receive equipment?

The process to receive equipment can be expected to take four (4) to eight (8) weeks. Equipment may be delivered or shipped to you. Some equipment must be delivered by a contracted TED trainer.

If equipment is delivered to you by a trainer, he or she will contact you to schedule a date and time to meet with you and others who may be interested. The trainer will assess your needs; and hook-up the equipment and show you how to use it. If the equipment is being shipped to you, we will send it at the beginning of the next calendar month.

The TED Program provides these services for free.

Where can I go to see and test the different types of equipment?

Each of the contracted regional Deaf Service Centers has a TED Program Demo Site. For a list of the current Deaf Service Centers, please visit the ODHH website at

<https://www.dshs.wa.gov/altsa/office-deaf-and-hard-hearing> OR, call 1-800-422-7930 to find the demo site location nearest you.

Telecommunications Equipment Catalog

This section is to help applicants and professionals select the most appropriate equipment to meet the applicant's needs.

The equipment type must be selected on the application.

Applicants are eligible to receive the following:

One (1) telecommunication device **And one (1)** signaling device.

With accessories for that device, if available.

- Equipment shown with an asterisk (*) must be delivered by a qualified trainer. It will not be shipped. Applicants who select that equipment are automatically referred to the trainer.
- All models are subject to change.

Specialized Telecommunication Equipment

Amplified Telephone

For individuals with mild to moderate hearing loss.



- Operates like a standard telephone.
- Use amplification to hear spoken conversation.
- Adjust volume and tone to meet specific needs.

Corded models available:

- Clarity Alto
- Clarity Alto Plus with caller ID

Cordless model available:

- Clarity XLC 3.4 with caller ID

Accessories:

- Neck Loop (NKL)

Captioned "CapTel" Telephone (CAP) *

For individuals with severe to profound hearing loss.



- Communicate using voice and read incoming conversation in text on the display screen.
- User may be able to use residual hearing to hear spoken conversation through the amplified handset.
- Basic analog model CapTel phones are available through the TED Program. If you have high speed internet, please visit www.captel.com to find out more about the internet based models available directly from CapTel.

- Requires use of the Washington Relay Service.

Required:

- Analog phone line; **or**
- Digital Subscriber Line (DSL) with digital-analog filter.

iPad – WiFi Only *



For access to WiFi based telecommunication.

iPad devices are 16GB, **WiFi** only Black iPads with an Otter Box protective case. Clients have the choice of the iPad Air or the iPad Mini. The devices are specifically distributed to provide telecommunication access over a WiFi network.

Teletypewriter (TTY)

For individuals with profound to total hearing loss and/or speech disabilities.



- Communicate by typing.
- Messages appear on the display screen and can also be printed out.
- Conversations are a turn-taking process.
- May require use of the Washington Relay Service.

Remote Control Speakerphone *

*For individuals with mobility restrictions **and** mild to moderate hearing loss and/or speech disabilities.*



- Hands-Free speakerphone allows user to communicate as if using a standard telephone.
 - Requires pre-approval by TED.
 - May require use of the Washington Relay Service.
- Accessories:
- Microphones
 - Switches

Telitalk Electrolarynx Telephone

For individuals who are laryngectomee patients.



- Operates like a standard telephone.
- Use Electronic Speech Aid to communicate.
- Artificial larynx allows natural intonation when speaking.
- Requires pre-approval by TED.
- May be used with Washington Relay Speech-to-Speech Service.
- TeliTalk is automatically shipped to approved clients.

Other specialized telecommunication equipment may be available for individuals with special needs. Contact the TED Program for more information (see contact information on page 1).

Ring Signalers

Audible Ring Signaler



- Signaler rings when telephone rings.
- Adjust ringer volume to meet specific needs.

Lighted Ring Signaler



- Connects to a lamp.
- Lamp flashes when the telephone rings.

Vibrating Ring Signaler



- Signaler vibrates when telephone rings.
- Requires pre-approval by TED.
- For Deaf-Blind only.

Accessories

Neck Loop



- For telephone users who have telecoil (t-coil) hearing aids.
- Contact the hearing aid dispenser or other qualified professional to determine if the neck loop is compatible.

- Accessory may be used with:
- Amplified Telephone (AMP)
 - Voice-Carry-Over (VCO)
 - Captioned Telephone (CapTel)
 - TeliTalk Electrolarynx Telephone (TEL)

Microphones *



Headset



Lapel Microphone

- Accessory may be used with:
- Remote Control Speakerphone

Switches *



Air Switch



Pillow Switch

- Accessory may be used with:
- Remote Control Speakerphone

* Equipment show with an asterisk (*) must be delivered by a qualified trainer. It will not be shipped. Applicants who select that equipment are automatically referred to the trainer.

Disclaimer: Equipment makes / models are subject to change.



Application for Telecommunication Equipment

When you have completed the application, **detach pages 7 and 8, and mail to:**

TED Program
PO Box 45301
Olympia, WA 98504-5301

Print or type clearly.

OFFICE USE ONLY	
Date Received	
Training Region	Previous Application

How did you hear about the TED program? <input type="checkbox"/> Friend or family member <input type="checkbox"/> Magazine or newsletter <input type="checkbox"/> Medical professional <input type="checkbox"/> Presentation or information booth <input type="checkbox"/> TV advertisement <input type="checkbox"/> Other:	Have you received equipment from the TED Program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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Section 1. Applicant Information

1. Last name, first name, middle initial		2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Home address		City	State
		Zip Code	
4. Mailing address (if different)		City	State
		Zip Code	
5. Community / Facility name (i.e., nursing home, apartment complex)		6. County	
7. Home telephone number (include area code) <input type="checkbox"/> Voice <input type="checkbox"/> VP <input type="checkbox"/> TTY		8. Cell phone number (include area code) <input type="checkbox"/> Voice <input type="checkbox"/> VP <input type="checkbox"/> TTY	
9. Who is your telephone service provider?			
10. E-mail address		11. Best times to contact	
12. Social Security Number (optional)		13. Date of Birth (MM/DD/YYYY)	
14. Alternate contact person / message Name		Relationship	
Telephone number (include area code) <input type="checkbox"/> Voice <input type="checkbox"/> VP <input type="checkbox"/> TTY		E-mail address	

Section 2. Profile

1. Financial information: Family size: Monthly income: \$ Annual income: \$			
2. Disability (required for eligibility) <input type="checkbox"/> Deaf <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Speech Disabled <input type="checkbox"/> Late-Deafened		3. In addition to hearing loss or speech disability: a. Do you have low vision? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Are you blind? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Do you have limited mobility? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Tear off the application

4. Communication preferences

- a. Sign language: ASL PSE SEE Tactile
- b. Spoken: Speaking Lip reading
- c. Writing
- d. Other: _____
- e. What language do you speak?
 English Other: _____
- f. Do you need an interpreter? Yes No

5. Are you of Hispanic origin? Yes No

The Spanish / Hispanic / Latino question is about ethnicity, not race. Please continue to answer the following question by marking one or more boxes to indicate what you consider your race to be (check all that apply):

- White American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Black or African American Asian Other race

Section 3. Equipment Selection

1. Select the device that will meet your needs. See Equipment Catalog for more information, Pages 4 through 6.

- | | | |
|---------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Corded Amplified Phone | <input type="checkbox"/> Remote Control Speaker Phone | <u>Accessories</u> |
| <input type="checkbox"/> Caller ID | <input type="checkbox"/> TeliTalk - ElectroLarynx | Ring Signalers: <input type="checkbox"/> Loud Ringer |
| <input type="checkbox"/> No Caller ID | <input type="checkbox"/> iPad – WiFi ONLY | <input type="checkbox"/> Flashing Ringer |
| <input type="checkbox"/> Cordless Amplified Phone | <input type="checkbox"/> Air | <input type="checkbox"/> Vibrating Ringer |
| <input type="checkbox"/> Captioned phone | <input type="checkbox"/> Mini | <input type="checkbox"/> Neckloop |
| <input type="checkbox"/> TTY | | <input type="checkbox"/> Other: |

2. Do you want training? Yes No

Section 4. Client Signature

I certify (or declare) under penalty of perjury under the laws of the State of Washington that information on this form is true and correct.

1. Signature		Date
2. Person completing application (if other than applicant) Name		Relationship
Telephone number (include area code) <input type="checkbox"/> Voice <input type="checkbox"/> VP <input type="checkbox"/> TTY		E-mail address

Section 5. Professional Certification

Professional must sign the application to certify hearing loss or speech disability.

Instructions to "Professional": You must be authorized to work in the State of Washington to verify the applicant's hearing loss or speech disability.

Contact the TED Program if the applicant requires specialized telecommunication devices.

1. Professional information: <input type="checkbox"/> Doctor <input type="checkbox"/> Hearing Aid Fitter / Dispenser <input type="checkbox"/> Audiologist <input type="checkbox"/> State Agency Employee <input type="checkbox"/> Deaf Specialist <input type="checkbox"/> Voc Rehab Counselor <input type="checkbox"/> Non-Profit Rep <input type="checkbox"/> Deaf-Blind Specialist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Other:	2. Professional certification	
	Signature	Date
	Printed name and title	
	Telephone number	
License / certificate number (if applicable)		