

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 disabilities so that they can use the telephone independently.

You qualify to receive telecommunication equipment if you are:

- Deaf; **and** • A Washington State resident;
- Hard of Hearing; **and**
- Late-Deafened; • Age 4 or older.
- Deaf-Blind; or
- Speech Disabled.

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If you meet the requirements above, you may 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.

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 9-10).
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.

When your application is accepted, we will:

1. Send you a letter showing the cost of equipment, if any.
 2. Add your name to the following month's 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. The TED Program is funded by an excise tax paid by landline telephone subscribers. 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.

People who must pay the full cost of equipment may still pay a lower-than-retail price. This is because the TED Program purchases the equipment at a reduced rate and we pass that savings on to you.

What equipment may I choose from?

The TED Equipment Catalog (pages 3-6) 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 10, section 3).

I received equipment in the past. May I re-apply 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, a trainer 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.

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 (page 10, section 3).

Applicants are eligible to receive:

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.

For more information about delivery, see FAQ (page 2).

Specialized Telecommunication Equipment

Amplified Telephone (AMP)

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.

Models available:

- Model XL-40 (43 dB)
- Model XL-50 (60 dB)

Accessories:

- Neck Loop (NKL)

Voice-Carry-Over Telephone (VCO) *

For individuals with moderate to severe hearing loss.



- Communicate using voice and read incoming conversation in text on the display screen.
- Conversations are a turn-taking process.

- Requires use of the Washington Relay Service.

Accessories:

- Large Visual Display for VCO (LVV)

Large Visual Display for VCO (LVV) *

For VCO users with low vision.



- Read incoming conversation in text on a large visual display.
- LVV connects to VCO unit.

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.
- Conversations flow naturally (not a turn-taking process).
- Requires use of the Washington Relay Service.

Required:

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

Captioned "CapTel" Telephone with USB Port (CLD) *

For CapTel users with low vision.



- Same features as CapTel phone; **and**
- Connects to a computer.
- CapTel unit is equipped with a USB port.
- User must have a computer that meets system requirements to qualify.
- Computer/monitor not provided by the TED Program.
- Requires use of the Washington Relay Service.

Required:

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

System Requirements:

- Windows XP, 2000, ME, and Vista
- Available standard USB port
- CD ROM drive (for installation)
- Adobe Acrobat Reader
- Administrative rights to Windows
- Not compatible with Macintosh or Linux

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.

Pro 80 TTY (PRO)

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



- Same features as TTY; **and**
- Large Print for low vision users.
- User can slow text transmission to read incoming conversation.
- User can print conversations on larger paper.
- May require use of the Washington Relay Service.

Remote Control Speakerphone (RCS) *

*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 (TEL)

For individuals with speech disabilities and 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 (ARS)



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

Lighted Ring Signaler (LRS)



- Signaler flashes when telephone rings.
- Connects to a lamp.

Vibrating Ring Signaler (VIB)



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

Accessories

Neck Loop (NKL)



- 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 (MIC) *



Headset



Lapel Microphone

- Accessory may be used with:
- Remote Control Speakerphone (RCS)

Switches (SWT) *



Air Switch



Pillow Switch

- Accessory may be used with:
- Remote Control Speakerphone (RCS)

Disclaimer: Equipment makes/models are subject to change.

Filling out the application

- Please read the instructions and review the application.
- Complete the application and send it to the TED Program.

This section gives step-by-step instructions for filling out the Application for Telecommunication Equipment (pages 9-10). Instructions below are written in first-person: "You" means the person who is applying for telecommunication equipment.

Do you need help filling out the application?

If you are unable to fill out the application yourself, you may ask another person to fill it out for you. Some people to ask for help might be (but is not limited to): a family member, friend, caregiver, guardian, case manager, doctor, audiologist, or another professional. The person who is filling out the application must enter the information of the person who is applying for the equipment.

Regional Service Centers (RSC) for the Deaf and Hard of Hearing

The Office of the Deaf and Hard of Hearing (ODHH) supports seven (7) Regional Service Centers (RSC) in the State of Washington. RSC Advocates work with people who are Deaf, Hard of Hearing, Late-Deafened, and Deaf-Blind. You may contact your local RSC for help filling out the application. Advocates may also sign the application (page 10, section 5).

Services for People with Speech Disabilities

The TED Program contracts with two (2) organizations to provide services to people who have speech disabilities. Trainers from Provail or Eastern Washington University (EWU) will help you select the right equipment and fill out your application. Trainers may also sign the application (page 10, section 5).

Contact ODHH to find services in your area:

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
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Instructions for completing the Application for Telecommunication Equipment

Enter the information at the top of the application:

I am filling out this application for:

- Myself
 Another person

If you are filling out the application for another person, you must enter that person's information on the application (page 9).

Have you received equipment from the TED Program in the past?

- Yes
 No
 Don't know

Section 1. Information

1. **Name.** Enter your last name, first name, and middle initial.
2. **Gender.** Select your gender. Check: male or female.
3. **Address.** Enter your home address: Street, City, State, and Zip Code. You must enter a 5-digit zip code. You may enter a 9-digit zip code, if known.
4. **Mailing address.** Enter your mailing address (same format as #3), if different than your home address. Mailing address may be a Post Office box, Rural Route, or other location where you receive mail.
5. **Community/facility name.** Enter the name of the facility you live in. A "facility" may be an apartment complex, adult family home (AFH), or nursing home.
6. **County.** Enter the county you live in.
7. **Home telephone number.** Enter your home telephone number, in the following format: (area code) phone number (example: (360) 902-8000).
Check the type of phone number it is: Voice, TTY, or Video Phone (VP).
8. **Message telephone number.** Enter a message telephone number (same format as #7). A message number is where TED may call to leave messages for you.
9. **E-mail address.** Enter your e-mail address, if you have one. TED may contact you by e-mail, if necessary.
10. **Best times to contact.** Enter best times to contact you. TED will contact you during that time, if possible.
11. **Social Security Number (optional).** Enter your Social Security Number (SSN). This is optional.
12. **Date of Birth.** Enter your Date of Birth in the following format: MM/DD/YYYY (example: 12/06/1981).
13. **Onset age.** Enter the age you were when your hearing loss or speech disability was first noticed.

Section 2. Profile

1. **Disability.** Check the box that best describes you: Deaf, Hard of Hearing, Late-Deafened, Deaf-Blind, or Speech Disabled. This is required for eligibility.
2. **In addition to hearing loss or speech disability:**
 - a. Do you have low vision? Check: yes or no.
 - b. Are you blind? Check: yes or no.
 - c. Do you have limited mobility restrictions (that limits your ability to dial or hold a standard telephone)? Check yes or no.
3. **ODHH Community Review Newsletter.**
 - a. Would you like to be on the ODHH mailing list? If so, you will receive the ODHH quarterly newsletter. Check: yes or no.
 - b. You read (check one): Regular print, Large Print, Braille Grade 1 (Uncontracted), or Braille Grade 2 (Contracted).
4. **Communication preferences.**
 - a. Sign language. If you use sign language, check the type: ASL, PSE, SEE, or Tactile.
 - b. Spoken. If you communicate verbally, check the type: speaking, lip reading, or both.
 - c. Writing. If you communicate by writing, check this box.
 - d. Other. If you communicate in a different way, check this box, and write-in how you communicate.
 - e. Language. What language do you speak? If you speak English, check that box. If you speak another language, check the box: "other" and write-in the language you speak.
 - f. Interpreter. Check if you need an interpreter to communicate: yes or no.
5. **Financial information.** Enter your family size (number of people living with you), and all sources of income: monthly and estimated annual (one year) income. You must complete this section.
6. **Race/Ethnicity (optional).** Check the box that best describes your race or ethnicity. This is optional.

Section 3. Equipment Selection

1. **Equipment Selection.** Check the box of the equipment you are applying for. You may select one (1) telecommunication device, and accessories for the device, if available; *and* one (1) ring signaler. If the equipment you are applying for is not on the application, check: "other" and write-in the equipment type.
2. **Equipment delivery.** Do you want the equipment shipped to you in the mail? Check: Yes or No. Equipment with an asterisk (*) must be delivered by a TED trainer.

Section 4. Client Signature

1. **Signature and date.** You must sign and date the application. If you are unable to sign and date the application, the person who is filling out the application for you may sign on your behalf.
2. **Person completing the application.** If you are not filling out the application for yourself, the person who is filling out the application must enter: their name, relationship to you, telephone number, including area code (example: (360) 902-8000), and e-mail address, if available.
3. **Alternate contact person.** Enter information for an alternate contact person, if available (same format as #2). TED will use this information to contact you, leave messages, or schedule appointments for you, if necessary.

Section 5. Professional Certification

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 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 state agency;
- f. A vocational rehabilitation counselor;
- g. A deaf-blind specialist or coordinator at an organization that serves deaf-blind people;
- h. A licensed occupational therapist;
- i. A certified speech pathologist practicing in the state of Washington; or
- j. Other: write-in your profession.

When you've completed your Application, detach pages 9–10 and mail back to the TED Program.



Application for Telecommunication Equipment

When you have completed the application,
detach this page only 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

I am filling out this application for:

- Myself
 Another person

If you are filling out the application for another person, you must enter that person's information on the application below.

Have you received equipment from the TED Program in the past?

- Yes
 No
 Don't know

Section 1. 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. Message telephone number (include area code) <input type="checkbox"/> Voice <input type="checkbox"/> VP <input type="checkbox"/> TTY	
9. E-mail address		10. Best times to contact	
11. Social Security Number (optional)		12. Date of Birth (MM/DD/YYYY)	13. Onset Age

Section 2. Profile

1. 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		2. 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	
3. a. Would you like to be on the Office of Deaf and Hard of Hearing (ODHH) mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you will receive the Community Review, our quarterly newsletter. b. You read: <input type="checkbox"/> Regular print <input type="checkbox"/> Braille Grade 1 (Uncontracted) <input type="checkbox"/> Large Print <input type="checkbox"/> Braille Grade 2 (Contracted)			
4. Communication preferences a. Sign language: <input type="checkbox"/> ASL <input type="checkbox"/> PSE <input type="checkbox"/> SEE <input type="checkbox"/> Tactile b. Spoken: <input type="checkbox"/> Speaking <input type="checkbox"/> Lip reading c. <input type="checkbox"/> Writing d. <input type="checkbox"/> Other: _____ e. What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Other: _____ Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			

5. Financial information:

Family size: _____ Monthly income: \$ _____ Annual income: \$ _____

Tear off the application

6. Race/Ethnicity (optional)

- Aleut (941) Eskimo (935) Other race (799)
 American Indian (597) White (800) Unreported (987)
 Black or African American (870)

Asian or Pacific Islander (API) :

- Asian Indian (600) Guamanian (660) Laotian (613) Other API (699)
 Cambodian (604) Hawaiian (653) Samoan (655)
 Chinese (605) Japanese (611) Thai (618)
 Filipino (608) Korean (612) Vietnamese (619)

Spanish/Hispanic origin: Is the applicant of Spanish/Hispanic origin?

- No (not Spanish/Hispanic) (999) Yes; Cuban (709)
 Yes; Mexican, Mexican-American, Chicano (722) Yes; other Spanish/Hispanic (799)
 Yes; Puerto Rican (727) Unreported (987)

Section 3. Equipment Selection

Select the device that will meet your needs. See Equipment Catalog for more information, Pages 3 through 7.

1. Equipment selection:

- AMP (XL-40) VCO* CAP* TTY RCS* Other:
 AMP (XL-50) LVV* CLD* PRO 80 TEL

- and** Optional accessories: NKL MIC SWT Other:
and Ring signalers: ARS LRS VIB

2. Do you want the equipment to be shipped to you in the mail? Yes No

* 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.

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	3. Alternate contact person (for applicant) Name
Telephone number		Relationship
Email address		Telephone number
		Email 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:	2. Professional certification
<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:	Signature
	Date
	Printed name and title
	Telephone number
	License/certificate number