# ODHHlogo Non-Profit Organization\*

**Application for Reconditioned Telecommunication Equipment**

**\*** Must be a 501(c)(3) organization.

Please attach a copy of the organization’s by-laws and Non-Profit Status letter from the IRS.

 Mail your completed application to: 1115 Washington St. SE

PO Box 45301

Olympia, WA 98504-5301

**Please print or type.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Organization name | | | | | | | 2. Contact person | | | | |
| 3. Street address | | | |  | |  | City | State  **WA** | | Zip Code |  |
| 4. Mailing address (if different than above) | | | |  | |  | City | State  **WA** | | Zip Code |  |
| 5. Main telephone number  ( ) | | | | Voice TTY | | VP | 6. Contact telephone number  ( ) | |  | Voice TTY | VP |
| 7. E-mail address | | | | | | 8. Hours of operation | | 9. County of physical location | | | |
| **10. Equipment Selection (see Equipment Options on page 2)**  **Equipment offered is reconditioned and is provided based on availability.** | | | | | | | | | | | |
| AMP | VCO | CAP | TTY | | |  |  |  |  |  |  |
| 11. Please briefly explain the reason for applying for reconditioned telecommunication equipment. | | | | | | | | | | | |
| 12. Average number of deaf, hard of hearing, late-deafened, deaf-blind, or speech disabled people that the organization provide services for on an annual basis: | | | | | | | | | | | |
| 13. Yes, I would like to schedule an appointment for equipment training and/or outreach. If yes, an ODHH/TED representative will contact the organization. | | | | | | | | | | | |
| **I certify (or declare) under penalty of perjury under the laws of the State of Washington that the information on this form is true and correct.** | | | | | | | | | | | |
| 14. Name of person completing application | | | | | | | | | Date | | |
| 15. Name of manager/owner | | | | | Signature | | | | Date | | |

|  |  |  |
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| wrs logo odhh | **Washington Telecommunication Relay Service (WATRS)**  [www.washingtonrelay.com](http://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. | |
| **Equipment Options** |  |  |
| **Amplified Telephone (AMP)** | | |
| XL40 |  | *For individuals with mild to moderate hearing loss.*   * Operates like a standard telephone. * Use amplification to hear spokane conversation. * Adjust volume and tone to meet specific needs. |
| **Voice-Carry-Over Telephone (VCO)** | | |
| VCO_NEW |  | *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. |
| **Captioned (CapTel) Telephone (CAP)** | | |
| CapTel Phone |  | *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). * Analog phone line or Digital Subscriber Line (DSL) with digital-to-analog filter required. * Requires use of the Washington Relay Service. |
| **Text Telephone (TTY)** |  |  |
| SUPERPR1 | | *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. |