# 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.
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| **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.
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| **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.
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| **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.
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| **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.
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