

INSTRUCTIONS – READ FOR YOUR BENEFIT!

IF YOU DO NOT SUPPLY ALL THAT IS NEEDED, YOU WILL RECEIVE ONE PENDING INFORMATION LETTER.

APPLICATION WILL EXPIRE 6 MONTHS FROM ARRIVAL.

APPLICANTS THAT REQUEST CAPTEL WILL BE PROVIDED A CAPTEL SUPPLEMENT TO BE COMPLETED.

1) COMPLETE THE APPLICATION, SIGN IT, AND HAVE IT COMPLETED AND SIGNED BY YOUR PROFESSIONAL. CIRCLE MODEL PREFERENCE
—

2) READ, SIGN AND DATE THE “CONDITIONS OF ACCEPTANCE” FORM.
—

3) PROVIDE A COPY OF ANY UTILITY BILL, AZ STATE IDENTIFICATION WITH YOUR CURRENT PHYSICAL ADDRESS TO PROVE YOU LIVE IN ARIZONA.
—

4) COMPLETE EACH AND EVERY BLANK ON THE CITIZENSHIP FORM, INCLUDING SIGNATURE AND DATE ON PAGE TWO.
—

5) MAKE A PHOTOCOPY OF THE DOCUMENT(S) THAT PROVE YOU – (YOUR CURRENT NAME) ARE A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA. CITIZENSHIP IS NOT ASSUMED. YOU MUST PROVE CITIZENSHIP/IDENTITY. (SEE PAGE 3 OF THE CITIZENSHIP FORM FOR FULL DETAILS)

___ US PASSPORT IN YOUR CURRENT NAME **OR**

___ US BIRTH CERTIFICATE LISTING YOUR CURRENT NAME.

___ WOMEN WHO HAVE CHANGED THEIR NAME UPON MARRIAGE(S), ALL MARRIAGE CERTIFICATES THAT PROVE SEQUENTIAL NAME CHANGE(S) ARE REQUIRED.



AZTEDP APPLICATION - INFO ALSO AT WWW.ACDHH.ORG

Mail ALL application materials to:
AzTEDP, 100 N. 15th Ave. Suite 104, Phoenix, AZ 85007
Ph: 602-264-6876 or toll free 1-877-243-2823 (both V/TTY)

APPLICANT - *Main processing office is only site available for limited demonstrations*

www.ACDHH.org

Last Name First Middle Maiden Date of Birth: mm/dd/yyyy
Arizona

Address Apt. # City State Zip Code

() - (check one) @
Telephone No. Voice ASL Both E-mail — I'd like to learn more about E-NEWS

Mailing Address (if different from above) City Zip Code

X Applicant Signature Date Note: Applicants younger than 18 must have a Parent or Legal Guardian complete and sign Part B. Adults who have a P.O.A. may choose to do the same.

* **Circle** PHONE requested: AMPLIFIED CAPTIONED VCO TTY

* **Circle** ALERTING DEVICE if needed: Ringer TELESTROBE N/A

PARENT / LEGAL GUARDIAN / P.O.A. This person accepts responsibility for equipment. PART B (IF NECESSARY)

Last Name (print) First Middle Relationship to Applicant: Parent Legal Guardian Contact only (please attach P.O.A. if applicable)

Address (print) Apt. # City State Zip Code

() - (check one) E-mail Address
Telephone Voice ASL Both

X On behalf of applicant (IF NECESSARY) Date Note: As established in the Conditions of Acceptance, Parent or Legal Guardian listed herein is responsible for all equipment provided under the terms of this agreement.

CERTIFYING PROFESSIONAL : A PROFESSIONAL must COMPLETE and SIGN this portion. PART C

I certify that the above named person has the disability marked below and a need for accessible phone. I attest to my qualification as a person authorized to certify need as defined by R9-26-203.

I am licensed to practice as a(n): Doctor Audiologist Speech-Language Pathologist
Hearing Aid Dispenser Doctor/Physician Assistant Dispensing Audiologist
Nurse Practitioner Rehabilitation Counselor (must have CRC)

within the State of Arizona, as evidenced by my professional license #: _____

Professional **Printed** name: _____

Business address: _____

Telephone: _____ Email: _____

As an Arizona Professional, I certify that the above named Applicant (Part A) is:
 Deaf Hard of Hearing Deaf/Blind Speech-Impaired
therefore has a need for accessible telephone equipment to the best of my knowledge.

X DATE: _____

Signature of Certifying PROFESSIONAL Needed

APPLICABLE STATUTE

A.R.S. 36-1947. Telecommunication devices for the deaf and the hearing and speech impaired; administration; fund

The commission shall establish and administer a statewide program to purchase, repair and distribute telecommunication devices to residents of this state who are deaf or severely hearing or speech-impaired and establish a relay system making all phases of public telephone service available to persons who are deaf or severely hearing or speech impaired.

The commission may adopt administrative procedures, rules, criteria, and forms to establish and administer the telecommunication device program under this section.

Telecommunication devices furnished by the commission under this section remain the property of this state. A person who receives a telecommunication device from the commission under this section is liable for the loss of or damage to the device. The commission may impose a civil penalty against the person in an amount equal to the cost of the device or the amount of the damage done to the device. If a person objects to the imposition of civil penalty, the commission shall conduct a hearing as prescribed in title 41, chapter 6. Monies collected by the commission under this subsection shall be deposited in the telecommunication fund for the deaf.

APPLICABLE DEFINITIONS

R9-26-101. Definitions

In addition to the definitions listed in A.R.S. § 36-1941, the following terms apply to this Chapter and to A.R.S. § 36-1947:

"Applicant" means a person who applies to the Commission for telecommunications equipment.

"Audiologist" means a person who is licensed under A.R.S. § 36-1940 by the Arizona Department of Health Services.

"Commission" means the Arizona Commission for the Deaf and Hard of Hearing.

"Deaf/blind" means a person who is either deaf or hard of hearing and:
a. Has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or
b. Has a field defect where the peripheral diameter of the visual field subtends an angular distance no greater than 20 degrees, or
c. Has a progressive visual loss with a prognosis of one or both of the conditions stated in subsections (a) and (b).

"Director" means the Executive Director of the Arizona Commission for the Deaf and Hard of Hearing.

"Hearing aid dispenser" has the same meaning as in A.R.S. § 36-1901(8).

"Hearing or speech-related disability" means a disability that prevents a person from hearing or articulating speech audibly or clearly, including deafness.

"Program" means the Telecommunications Equipment Distribution Program.

"Recipient" means a person who receives telecommunications equipment through the Program.

"Severely hearing or speech impaired" under A.R.S. § 36-1947(A) means a hearing or speech-related disability.

"Telecommunications equipment" means equipment that allows a person with a hearing or speech-related disability to access the telephone network.

"Vocational rehabilitation counselor" means a Department of Economic Security employee who has a Master's degree in rehabilitation counseling from a university accredited by the National Council on Rehabilitation Education and who is certified by the Commission on Rehabilitation Counseling.

"Voucher" means the Commission's authorization of payment for telecommunications equipment.

APPLICABLE RULES and PROCEDURES

R9-26-201. Eligibility

A) To be eligible for telecommunications equipment through the Program, a person shall:

1. Reside in Arizona;
2. Have a need for telecommunications equipment available through the Program due to a hearing or speech-related disability, as certified by an authorized person described in A.A.C. R9-26-203;
3. Have access to a telephone line in the person's place of residence;
4. Not have used a voucher to purchase telecommunications equipment within five years before the date of application under R9-26-202(A)(1) unless the individual's disability status has changed during that time; and,
5. Have returned to the Commission all telecommunications equipment that was distributed to the person by the Commission before November 1, 2002.

R9-26-202. Application Process

A) To apply for telecommunications equipment under the Program, an eligible person shall:

1. Request an appointment with one of the AzTEDP demonstration sites.
2. Complete and return the application to the Commission with certification from an authorized person described under A.A.C. R9-26-203 that the applicant has a hearing or speech-related disability and needs the telecommunication equipment requested on the application.

R9-26-203. Persons Authorized to Certify Need for Telecommunications Equipment

A) The following licensed professionals may certify an applicant's hearing or speech-related disability and need for the requested telecommunications equipment:

1. A dispensing audiologist licensed in accordance with A.R.S. Title 36, Chapter 17;
2. An audiologist licensed in accordance with A.R.S. Title 36, Chapter 17;
3. A physician licensed in accordance with A.R.S. Title 32, Chapter 13;
4. A physician assistant licensed in accordance with A.R.S. Title 32, Chapter 25;
5. A nurse practitioner licensed in accordance with A.R.S. Title 32, Chapter 15;
6. A speech-language pathologist licensed in accordance with A.R.S. Title 36, Chapter 17;
7. A hearing aid dispenser licensed in accordance with A.R.S. Title 36, Chapter 17; or
8. A vocational rehabilitation counselor.

B) By certifying a hearing or speech-related disability and need for the requested telecommunications equipment, the certifier attests that the certifier:

1. Is authorized to certify under subsection (A);
2. Has evaluated the applicant's hearing or speech-related disability to determine the applicant's need for the telecommunications equipment requested on

CONDITIONS OF ACCEPTANCE for the ARIZONA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION PROGRAM



Please **READ** and **SIGN YOUR FULL NAME at the bottom** (Minors – under 18 years of age: a parent or a Guardian must sign on your behalf). This form constitutes an agreement between you as a recipient of an AzTEDP voucher or loaner device(s) and the State of Arizona. Pursuant to Arizona Administrative Code R9-26-101 and R9-26-201 through R9-26-206, AzTEDP is responsible to ensure that all recipients of devices under this program understand and accept the following conditions. Please read carefully.

CONDITIONS

- Residency** I am a resident of Arizona and can provide proof in the form of an Arizona ID or utility bill in my name. In the event of non-use or death during this five year period, the equipment must be returned to **ACDHH/AzTEDP**. I can also prove my United States legal presence and proof of identity.
- Property** I understand that I am to keep the box, lines, & instruction manual in the event it may need to be serviced. **VOUCHER equipment becomes my personal property starting the sixth year.** Then I will be able to receive another device.
- Voucher** I am eligible for one New **VOUCHER telephone device** and **Flasher or Ringer** device every five years. If funding is available, I will be eligible to receive another new device **five** years from the date of receipt.
I understand AzTEDP buys only one voucher device for me every five years.
I understand that CAPTEL will NEVER become my own personal property.
- Damage Repair Loss Theft** I am **financially responsible** for the loss of or damage to the device(s) during my five year period. I will inform AzTEDP if my device(s) is lost or stolen and will report any theft of the State-owned device(s) to the police and submit a copy of the police report to AzTEDP. I **will not** be loaned another device until the report has been received, or payment made.
- Travel/ Move Out of State** I may take these device(s) out of the state for **not** more than ninety (90) days at a time. I **must** return device(s) to AzTEDP within 90 days of moving out of the State of Arizona if during my 5 year period.
- Change of Address** I **must** notify AzTEDP within thirty (30) days of any change in my Arizona address and phone number.
- Liability** I will **not** hold AzTEDP and the State of Arizona liable for any claims, damages, and/or expenses arising from the use or misuse of these device(s).
- Used equipment** I **MAY** be issued a used loaner device at the discretion of the AzTEDP staff according to program operation, supply and demand. All devices have been cleaned and tested to ensure proper function. I will be responsible for **plugging in** the equipment. I may contact the manufacturer for help. Demonstrations are available on a limited basis.

Applicant Name: **PRINTED** _____

Applicant Signature: _____ Date: _____

Mail this form and application to 100 N. 15th Ave. Suite 104, Phoenix, AZ 85007
1-866-223-3412 (520 & 928 area codes only) V/TTY (602) 264-6876 (Phoenix Area) V/TTY

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

**Arizona Commission for the Deaf and the Hard of Hearing (ACDHH)
Arizona Telecommunications Equipment Distribution Program (AzTEDP)**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), non immigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. Receiving telephone equipment from a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires that a person applying to AzTEDP MUST SUBMIT DOCUMENTATION to AzTEDP that satisfactorily demonstrates that the applicant (regardless of name change) is lawfully present in the U.S..

Directions: All applicants INCLUDING U.S. BORN CITIZENS must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form AND a copy of one or more documents that evidence your citizenship or alien status with your application.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one) First time AzTEDP application Continuing consumer

SECTION II — ALL APPLICANTS MUST PROVE CITIZENSHIP OR NATIONAL STATUS.

YOU MUST SUBMIT A LEGIBLE COPY OF THE FRONT AND BACK (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality.

I, _____ am submitting a copy of my _____ to prove U.S. citizenship:
My name on document: _____ My name now: _____

Look at that document – if your name has changed, even more than once, you must now prove your name changed. (For women) A copy of your marriage certificate(s) or other legal document is needed to prove the identity of the name of the person listed on the citizenship document provided.

A. Are you a citizen or national of the United States? (check one) Yes No

B. If the answer is "Yes," where were you born? LIST CITY, STATE, AND COUNTRY.

City _____ State _____ Country _____ (U.S.A.)

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION (U.S. Citizens please skip to signature on P.2)

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: _____

"Qualified Alien" Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.
PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status,

01/21/08

101813

Attachment to Form 1 Applicant Statement

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;

- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the

mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of "Nonimmigrant" status includes the following:

- * Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for Less than One Year

Evidence includes:

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

101813

11/08/07

Equipment Catalog for Deaf and Hard of Hearing

Speech Impaired and Deaf/Blind please contact our office

You will be responsible for plugging in the equipment.
Please read the manual. Limited demonstrations **APPOINTMENTS** are
available at the AzTEDP office in Phoenix.

Equipment Choices for the *Hard of Hearing*

ONE new amplified phone is available.

Geemarc Ampli500 Phone with Caller ID

- Caller ID capable
- Speakerphone
- Large easy-to-read numbers
- Maximum incoming volume amplification (up to 50dB)
- UltraClear™ sound shaping tone control
- Extra loud 95 dB ringer and bright flashing ring strobe
- 2.5 mm amplified headset jack for hands-free accessories
- 3.5 mm amplified headset jack for audio accessories
- Hearing aid compatible
- Memory dialing capability
- 5-year voucher warranty



Tips:

For amplified phone users, when you get the device,
make sure the ***amplifier is ON***.

All devices can be set to have the boost on automatically.
This setting is encouraged.

Check with your hearing health care professional about a “T-switch” a.k.a.
“Telephone/audio switch” in your hearing aids.

Eliminate your household noises for the duration of the call.
Turn down the T.V., turn off the dishwasher and focus on comprehension.

If phone conversations are so difficult that even under quiet, ideal
conditions you still can not effectively communicate, you have a few
captioning options....

Log onto www.hamiltoncaptel.com. Click “make a captioned phone call now”,
follow the directions for registering yourself, choosing a username and
password. This website provides FREE captioned calls using ANY telephone
to speak into. Captions will come up on your computer monitor IN ANY SIZE
OR COLOR you choose. Simply register yourself and begin making
CAPTIONED calls online!

The AzTEDP option:

AzTEDP Captioned telephone: Limited availability.

Captioned telephone is for people who continuously struggle to hear and/or
comprehend what the other party is saying and are willing to have the ***Arizona
Relay Service*** be the third party responsible for changing voice into text.

Captioned Telephone (enhanced Voice Carry Over) – is intended for people
whom amplification is not beneficial. Similar to T.V. captioning, the ***Arizona
Relay Service*** utilizes voice recognition technology to caption what the other
party says word by word as quickly as the party speaks, perhaps 200+ words

per minute. The process is fast, however, training is recommended. Training normally takes 1 ½ hours.

Success on a CapTel is not assumed. There are a variety of visual, cognitive, and adaptability factors that play into the person's ability to transition to the new method effectively.



- Capable of captioning messages left by others on answering machines or messages on voice mail via remote access
- One or two line capable. For one line users, incoming calls are only captioned if the person calling you first dials the captioning access number of 1-877-243-2823. A recording will ask for the other party to enter the CapTel user's number. The call will take a moment to connect. Patience is critical.
- Two line users enjoy captions on EVERY call because the second line dials the service automatically on all incoming calls regardless of origination location.
- Captions can be turned off so anyone in the family can use it
- Three speed dial slots
- Powerful adjustable ringer
- Contrast adjustment capable for the clearest reading
- User friendly instruction manual

Captioned telephone informational DVD or VHS available FREE OF CHARGE by contacting CapTel Customer Service at 1-888-269-7477. Please also see

www.captionsedtelephone.com. It is highly recommended that you view the video prior to making your decision.

Ameriphone VCO Telephone

Ideal for people who regularly struggle to hear and/or comprehend what the other party is saying. It is similar to Captioned telephone, however the text is much slower due to the Arizona Relay Service operator that TYPES everything the other party says for you to READ. Perhaps 60-100 words per minute. The “Go Ahead”, turn taking system is utilized. Instructional video available by contacting AzTEDP at 1-866-223-3412 or 602-264-6876. VCO is recommended for anyone that may have difficulty with the speed, scrolling method utilized by the Captioned Telephone. **Training recommended.**

- Designed for people with severe hearing loss/deafness that speak for themselves
- Anyone in the family can use it for regular calls
- Built-in answering machine for text messages left thru relay
- Text feature operates via the **Arizona Relay Service.**



Equipment Choices for the Deaf

TTY - Teletypewriter equipment is intended for people who do not benefit from amplification AND who do not produce understandable speech.
Training recommended.

LVD- A Large Visual Display may be requested for those who are legally blind.

All TEXT equipment utilizes the Arizona Relay Service to enable the text! Callers must first dial the Arizona Relay Service number, and then provide the phone number to be connected utilizing text and voice accordingly.

*****Demonstrations of all devices are available at AzTEDP*****
Equipment CAN be issued directly at the AzTEDP office.
Appointment required.

Ultratec Superprint 4425 TTY

- 3 selectable print sizes
- Turbo Code®
- Auto ID™
- User-programmable Relay Voice Announcer
- Easy-touch greeting memo
- Sticky key feature (for single-handed typing)
- TTY Announcer
- Direct connect (2 jacks) to standard telephone line
- Auto-Answer capabilities (with pre-programmed message)
- Remote message retrieval
- Memory dialing and redial



Ameriphone Q90D TTY with Portable Printer

- Connects to compatible mobile/cell phone for use anytime, anywhere; compatible with many cordless phones.
- 68 key keyboard
- Text answering machine with programmable personalized greeting Hi-Speed Code™
- Portable printer uses readily available 2.25"-wide standard thermal paper.
- Choices of standard, medium or large print size.



The Uniphone 1140

- Direct connect
- Keyboard dialing
- Call progress (says "ringing" or "busy")
- 2-line, 2 x 24-character LCD display
- Baudot code (45.5 baud)
- Special emergency, menu, and arrow keys
- Display with backlight
- 8k memory
- Built-in ring flasher



LARGE VISUAL DISPLAY (LVD) can be partnered with either the Q90D TTY or the VCO phone. This item will be only available while supplies last. The LVD is no longer manufactured.



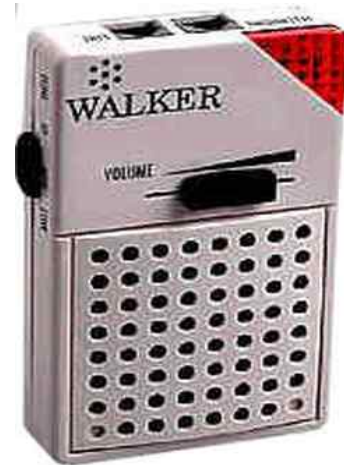
Alerting Choices

You may also choose an extra ringer or light signal device.

Alerting Products: If you have difficulty hearing the phone ring, a flasher or extra ringer may be appropriate.

WR-100 ringer features:

Extra loud phone *ringer* adjustable up to 95 dB
Adjustable tone
Red corner triangle lights when phone rings
Only a phone line is needed



Wheelock Industries Telestroke

- Provides visual signal when phone is difficult to hear
- Bright strobe flashes when phone rings
- Wall mount, plugs into AC outlet and phone jack
- White with black letters. Size 4.75"H x 2.5"W x 3" D



PH: 602-264-6876 TOLL FREE: 1-866-223-3412 FAX - 602-542-3488

AzTEDP * 100 N. 15th Ave. Suite 104 * Phoenix, AZ 85007