



AzTEDP is a FREE program that provides ONE telephone device for ARIZONA RESIDENTS who are:

**Hard of Hearing**  
(with or without Low Vision)

**\*Deaf**  
(American Sign Language users)

**\*Speech Challenged**

**\*Deaf-Blind**

AzTEDP  
100 N. 15<sup>th</sup> Avenue, Ste. 104  
Phoenix, AZ 85007

Phone: 602-542-1124  
Toll free: 1-866-223-3412  
Fax: 602-542-3488  
[info@acdhh.az.gov](mailto:info@acdhh.az.gov)

This packet contains:

- 1) APPLICATION INSTRUCTIONS
- 2) REQUIRED PROGRAM FORMS
- 3) CATALOG OF EQUIPMENT for HARD OF HEARING

**\*Please contact our office to obtain the expanded catalog for Deaf, Speech Challenged, and Deaf-Blind.**

**Demonstrations available by appointment, if desired.**

Revised: Jan 2016

## Application Instructions – Please Read Carefully to Ensure Quick Approval

### Application FORM:

Part A: 1) Complete the application, sign where it says “applicant signature”  
2) Write in your equipment model choice

Part B: This can be completed as “contact only” if friend/family is helping the applicant. If someone is truly acting on behalf of the applicant, please see form.

Part C: This portion **MUST** be completed and **SIGNED** by your PROFESSIONAL.

Conditions of Acceptance FORM: Read, sign and date. You must sign and date.

### Statement of U.S. Citizenship and Alien Status for State Public Benefits FORM:

You must submit photocopied proof that you  
(CURRENT NAME) are a U.S. Citizen.

- Complete every blank on the citizenship form
- Check the box of which kind of photocopied documentation you will be submitting for citizenship.
- Sign and date page two.
- **Provide a photocopy** of the document(s) that prove you (**current name**) are a legal resident of the U.S.A. **The most common are:**



U.S. Passport with current name **or** U.S. Birth Certificate. If using Birth Certificate and last name has changed, (typically for ladies upon marriage) see below.

**Notice: Last name changes for women are the most common challenges in proving United States Citizenship and Identity:**

Women who are using their Birth Certificate with their MAIDEN name for proof of U.S Citizenship, and have taken a husband’s last name upon marriage(s), must provide marriage certificate(s) that prove sequential name change(s). Ladies, how many times have you changed your name since your U.S.A. birth? Last name changes affect citizenship and identity.

Last name at birth ----->----->-----last name now?

### Proof of that the applicant lives in Arizona when applying to AzTEDP:

**Provide photocopy** of any **ONE** document of an official nature indicating the applicant’s name and current **physical AZ address:**

- AZ Driver’s License / State ID
- Utility bill in applicant’s name
- Letter from assisted living facility stating residency
- Anything of a formal nature to verify name/address



If you do not complete the application as instructed, it may be returned with a pending information letter.





**AZTEDP APPLICATION - INFO ALSO AT WWW.ACDHH.ORG**

Mail ALL application materials to:

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

Ph: 602-542-1124 or toll free 1-866-223-3412 (V/TTY) info@acdhh.az.gov

**APPLICANT - AzTEDP is available for demonstrations**

www.ACDHH.org

PART A

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

\_\_\_\_\_  
Address Apt. # City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ --Sign Language? -- \_\_\_\_\_ @ \_\_\_\_\_  
Telephone No. Yes or No E-mail — Subscribe to E-NEWS? YES or NO

\_\_\_\_\_  
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.

**MODEL CHOICE:** \_\_\_\_\_

**PARENT / LEGAL GUARDIAN / P.O.A./HELPER/FRIEND**

PART B (IF NECESSARY)

\_\_\_\_\_  
Last Name (print) First Middle Relationship: \_\_ Parent \_\_ Legal Guardian \_\_ helper/friend  
(please attach P.O.A. if applicable)

\_\_\_\_\_  
Address (print) Apt. # City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone E-mail Address

X \_\_\_\_\_  
On behalf of applicant (IF NECESSARY) 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):** (Circle one) Physician Assistant Dispensing Audiologist  
Doctor Audiologist Hearing Aid Dispenser Nurse Practitioner  
Speech-Language Pathologist 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** required

# CONDITIONS OF ACCEPTANCE for the ARIZONA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION PROGRAM (AzTEDP)



**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.

**Residency:** I am a resident of Arizona and am providing 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 am also enclosing proof of my United States legal presence as described on the ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS FORM.

**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. At that time, I will be able to receive another amplified voucher device.

**Voucher:** I am eligible for one new VOUCHER telephone device every five years. If funding is available, I will be eligible to receive another new device five years from the date of receipt. If needed, this also applies to a ringer or flasher. I understand AzTEDP buys only one main telephone voucher device for me every five years. I understand that CAPTEL is issued directly and will NEVER become my property.

**Damage, Repair, Loss, and Theft:** I am financially responsible for the loss of or damage to the device during my five-year period. I will inform AzTEDP if my device is lost or stolen and will report any theft of the State-owned device 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 the device out of the state for not more than ninety (90) days at a time. I must return voucher device to AzTEDP within 90 days of moving out of the State of Arizona if during my five-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. Demonstrations are available.

Applicant Name: PRINTED \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail all forms and supporting documentation to: AzTEDP 100 N. 15th Ave. Suite 104, Phoenix, AZ 85007**  
**1-866-223-3412 (520 & 928 area codes only) V/TTY (602) 542-1124 (Phoenix Area) V/TTY**

STATEMENT OF **UNITED STATES CITIZENSHIP** AND  
ALIEN STATUS FOR STATE PUBLIC BENEFITS



The applicant must provide photocopied document(s) to prove U.S. Citizenship/identity.

\_\_\_\_\_  
(PRINT CURRENT NAME OF APPLICANT)  
IS IN THE UNITED STATES LEGALLY. CITIZENSHIP OR NATIONAL STATUS IN  
THE CURRENT NAME OF THE APPLICANT MUST BE PROVEN.  
A LEGIBLE COPY OF AN APPROVED DOCUMENT DEMONSTRATING UNITED  
STATES CITIZENSHIP OR NATIONALITY OF THE APPLICANT (WITH  
APPLICABLE NAME CHANGE DOCUMENTATION) MUST BE SUBMITTED WITH  
APPLICATION.

\_\_\_ First time AzTEDP applicant    OR    \_\_\_ Continuing AzTEDP client

Please CHECK below which PHOTOCOPIED document you will be submitting.

1. BIRTH CERTIFICATE showing birth in one of the 50 states, or its territories;

Look at the BIRTH CERTIFICATE: If your name has changed (marriage, etc.), additional documentation is required to prove sequential name change(s) that lead to the applicant's **current name**.



2. United States Passport; current or expired is accepted;

3. Report of birth abroad of a United States Citizen (FS-240);

4. Certificate of Birth (FS-545) or Certification of Report of Birth (DS-1350);

5. Form N-561, Certificate of Citizenship;

6. Form I-872, American Indian Card with statement identifying the bearer as a United States Citizen;

7. Religious record recorded in one of the 50 states; (Baptism – commonly used)

8. Evidence of civil service employment by the United States government before June 1, 1976;



- 9. Early school records, showing the date of admission to the school, the applicant's date and United States place of birth, United States nationality or a United States place of birth, and applicant's date of birth or age;
- 10. Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states;
- 11. Any other document that establishes a United States place of birth or otherwise indicates United States nationality (e.g. U.S. hospital record).



**A.** Are you a citizen or national of the United States? \_\_\_ Yes \_\_\_ No

**B.** If “Yes”, what city, state and country were you born in?

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**DECLARATION:**

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 signature required

\_\_\_\_\_  
Date

Please submit ALL completed application FORMS and photocopied documentation you have gathered per instructions to:

AzTEDP  
100 N. 15th Avenue, Suite 104  
Phoenix, AZ 85007  
Phoenix metro: 602-542-1124 Toll free: 1-866-223-3412  
[info@acdh.az.gov](mailto:info@acdh.az.gov)

Please allow 2-4 weeks for processing of **COMPLETE** applications.

INCOMPLETE applications will be sent a “Pending Information” letter.



# Equipment Catalog for Hard of Hearing

## Corded: Clarity Alto Plus

- Amplified speakerphone
- Caller ID capable if you are a subscriber
- Up to 53dB amplification
- Loud 100dB adjustable ringer with visual indicator
- Dimensions: 10.4" x 8" x 4.4"
- 3 one-touch memory buttons
- 4" backlit screen with large font
- 4 AA batteries for backup power only (not included)
- Hearing aid compatible
- Talking keypad with Clarity Voice Assist
- ClarityLogic™ for customer care and remote diagnostics
- Appropriate for mild, moderate and severe hearing loss
- Boost override: This must be turned ON for the extra amplification and tone to function
- Ergonomically designed tone and volume controls are arthritis friendly
- Outgoing Speech Amplification (OSA) can make your voice louder to other caller
- **This is NOT a captioned phone**



## Corded: Geemarc Ampli550

- Amplified speakerphone up to +15dB.
- Caller ID capable if you are a subscriber
- Extra loud Amplification, with TrueSound™ up to 55 decibels of extra clear sound.
- 95dB loud ringer & Built-in strobe ring signaler
- Large 1" back lit easy to see and hear talking keys.
- One touch customer service quick dial, instant contact to our world class customer service.
- 3-level Speech Output Control adjusts outgoing voice volume up to 12dB.
- 9 one-touch memory dial buttons: 2 emergency, 6 standard and 1 for customer service
- Uses four AAA rechargeable batteries for LCD display (backup only)
- Calibrated easy to adjust Volume and Tone control
- Hearing aid compatible
- Built-in strobe ring signaler
- Redial, Flash, Mute buttons
- **This is NOT a captioned phone**



## Corded: Serene Innovations HD-50JV

# Best for people with low vision, or limited mobility in addition to hearing loss.

- Jumbo-Key Amplified Telephone with Voice Activated No-touch Answering, Talk-back keys, Speakerphone and 45dB Amplification
- VoiceAmatic Voice-activated Answering lets you answer the incoming calls by just saying "Hello" without touching the telephone
- Selectable Digital Tone Setting allows boost and enhance for hard to hear speech tones
- Digital Sound Processing eliminates virtually all distortion, echo effects and unwanted static
- High performance speaker-phone for loud and clear hands-free calls
- Three (3) one-touch and ten (10) two-touch programmable memory buttons
- Loud ringer with adjustable volume and tone controls
- Battery backup (batteries not included) for power outages
- Hearing aid compatible handset
- Jumbo keys with Braille lettering for dialing
- Amplifies incoming sound up to 45 dB
- High-Definition Sound (HDS) Technology
- Two (front and side) bright visual ring flashers



## Serene Innovations RCX-1000

# Best for people with hearing loss AND limited mobility.

- Large 3" speakerphone
- No handset-no private conversation capability
- Voice activated answering allows "no touch" answering for incoming calls
- 32 "one touch" scannable memory buttons for dialing most frequently called numbers
- Wireless remote recharges with A/C adaptor power
- Wireless remote has battery backup
- Can be used with headset/external microphone (not included)





## Cordless: Clarity XLC – 2 – no Caller ID

- Amplified speakerphone
- Three (3) tone settings for a customized listening experience
- Digital Clarity Power™ amplifies incoming sound up to 50 decibels
- Loud and clear handset speakerphone for hands-free conversations
- Talking Caller ID if subscribed to Caller ID
- Illuminated talking dial pad with large buttons that speak the number that is dialed
- ClarityLogic™ built-in customer support speed dial
- Recommended for Ease-Of-Use by the Arthritis Foundation
- 12 speed dial buttons
- Backup battery power included
- Extra loud ringer (95dB) with adjustable tones
- Flashing Visual Ringer
- Hearing aid compatible



## Cordless: Clarity XLC - 3.4 includes Caller ID screen

- Digital Clarity Power™ amplifies incoming sound up to 50+ decibels
- Four (4) tone settings for a customized listening experience “BOOST” MUST BE ON
- Loud and clear speakerphone for hands-free conversations
- High contrast Caller ID screen and optional Talking Caller ID
- Illuminated talking dial pad that have the optional function to speak the number that is pushed
- ClarityLogic™ built-in customer support speed dial (blue button)
- Can be mounted on wall
- Extra loud adjustable ringer (95dB) with adjustable tones
- Super bright visual ringer
- Hearing aid compatible
- Dual Power Battery Backup for when the power is out
- Backup batteries included
- Recommended for Ease-Of-Use by the Arthritis Foundation
- Expandable up to four (4) extra handsets (XLC3.5HS) NOT available from AzTEDP
- **This is NOT a captioned phone**





## BLUETOOTH DEVICES ARE NOT RECOMMENDED FOR THE TECHNOLOGICALLY TIMID

### Clearsounds Quattro 4.0 Adaptive Bluetooth System

The Quattro 4.0 system is versatile and can be paired to your own personal Bluetooth cell phone to provide powerful amplification, up to 30 extra decibels. It also has a component that functions as a wireless remote personal sound amplifier.

#### This can be a (cell) phone option for you IF you:

- 1) Wear hearing aids with **MANUAL** T-coils
- 2) Wear hearing aids without **MANUAL** T-coils (you would take them out, use ear buds)
- 3) Wear hearing aids with **AUTOMATIC** T-coils (you would take them out, use ear buds)
- 4) Do not wear hearing aids (you would use included earbuds)

- Call waiting caller ID display
- Voiced menu prompts
- Touch screen button operation
- Multi-function LED screen display
- Mute function
- (Siri) Voice control function
- Touchscreen volume control and music forward/rewind
- Bluetooth microphone receiver
- Includes remote Bluetooth 4.0 Microphone for use in meetings & social situations (Loss of remote microphone is not covered under warranty).
- Demonstration recommended



### Clarity BT914 - Bluetooth Cordless Phone

- Cellphone At Home® allows you to make calls with or without a landline connection
- 40-decibel cordless phone pairs with up to two mobile devices
- Landline jack is included so you may take calls from both mobile and landline
- Use the BT914 cordless handset to amplify and listen to messages left on the BT914 answering machine
- Call waiting caller ID display
- Demonstration recommended





## T-Coil ?

(AKA: Telecoils, T-Switches) – Perhaps you're not sure.

If you are not sure if your hearing aids have a **MANUAL T-Coil setting**, please check with your Hearing Health Professional.

### **Geomarc TLoop Powered Neckloop with Microphone**

**This assistive listening neckloop with built-in microphone is for people who have MANUAL T-COIL (Telecoil) settings in their hearing aids. The TLOOP will not function without the T-COIL (Telecoil) turned on in the HEARING AID(S).**

**This device is NOT Bluetooth.**

Just slip it over your head to rest on your shoulders and listen with your hearing aid **telecoils**. The neckloop works with MOST (NOT GUARANTEED FOR ALL) telephones, cordless, corded, and cell phones.

- 30dB amplification
- Works with corded, cordless, and cell phones
- Built-in microphone
- External amplification control dial
- Quick-release separates cord for easy removal
- 2.5mm headset jack
- 2.5mm telephone connector included
- 2.5mm to 3.5mm adapter included
- Two AAA batteries included (you would purchase replacement batteries as needed)
- Approximately 1-1/4" x 2-1/2" x 3/4"
- Lightweight, stylish design



Please contact us if further help is needed in regard to BLUETOOTH and/or TELECOILS.

**Automatic** Telecoils will NOT work with Quattro 4.0 or BT914 or TLOOP.

T-Coils must be **MANUAL**.

### **Knowing the Phone is Ringing: Ringers and Light Signal Devices**

All phones have extra loud adjustable built-in, flashing ringers. If your situation warrants an extra light signal device or ringer, please contact us for consultation, as we may have options that could benefit you.

**CapTel 840 – LAND LINE ONLY – INTERNET IS NOT USED WITH AZTEDP MODEL**



The best way to see if ANY captioned telephone is the most effective fit for YOU (**not your neighbor, not your family**) is for YOU to EXPERIENCE a real, live, actual call, first.

AzTEDP has found that the lure of captions is very enticing. The reality is that captioned telephone is suited for a very small segment of the population with severe to profound loss. Even then, there is no guarantee that the method will be a success by any given individual. MOST people want to **HEAR BETTER**, and find that navigating delayed **CAPTIONS** for bits and pieces that they are missing is not as easy as it may seem. The most successful users are typically those who truly have such a substantial loss or such poor discrimination that they force themselves to embrace the awkwardness of it all because **READING** what is said is the only way truly effective conversations can happen.

Demonstration is **HIGHLY ENCOURAGED!**

Success using this method varies substantially from person to person.

Delayed captions happen via the Arizona Relay Service. (Taxpayer provided)



No captions will appear ON INCOMING CALLS unless the caller has manually dialed toll-free 1-877-243-2823. "Call Me" cards (PICTURED TO THE LEFT) are enclosed with every unit. It is your responsibility to give these to people you expect to call you. **IF** they remember to do it, a recording will then tell them to enter in the CapTel user's phone number. If the caller dials YOUR phone number alone (as doctor's offices will do), the relay service would not be involved, hence, no captions.

If captions seem the way to go, there are also several **internet** captioned telephone options available through other programs. The internet versions DO NOT require the separate "Call Me" number.

Please contact us for further information on what the differences are and guidance on decision making. [info@acdhh.az.gov](mailto:info@acdhh.az.gov)

**Be aware that AzTEDP LAND LINE ONLY CapTel will not function with (Voice Over Internet Protocol) VoIP service. Successful captioning cannot be guaranteed with any telephone service provider.**

## What happens next?

Once I mail in my AzTEDP application forms and photocopied Citizenship and Arizona residency documents, what can I expect?

A: You will be served promptly.

- A blue voucher will be printed based on the model chosen on your application form.
- The voucher, instructions and a list of vendors will be mailed to you.

(The vendor holds your FIVE YEAR WARRANTY!)

- To redeem the voucher, follow the instructions.
- TURN ON THE PERMANENT AMPLIFIER & enjoy!

If you have written CapTel, on the application, or staff will consult with you or preferably, someone on your behalf to ensure that CapTel is a reasonably good choice for YOU. Considerations such as vision, cognition, desire to learn new skills, desire to HEAR, and cope with CHANGE are all variables that impact the ability to thrive with this new and different method, or not.

Are you uncertain about what to choose?

Demonstrations of all equipment are available in our office. You can make an appointment, experience the phones, submit the paperwork, and leave knowing you have made the best decision for YOU.

602-542-1124 or 1-866-223-3412

[info@acdhh.az.gov](mailto:info@acdhh.az.gov)