



Free telephones for

SPEECH CHALLENGED

Arizona Citizens

This packet contains:

- 1) APPLICATION INSTRUCTIONS
- 2) REQUIRED FORMS
- 3) CATALOG OF AVAILABLE EQUIPMENT



APPLICATION INSTRUCTIONS

IF YOU DO NOT SUPPLY ALL THAT IS NEEDED, YOUR ENTIRE APPLICATION WILL BE RETURNED WITH A PENDING INFORMATION LETTER.

APPLICATION - PART A:

- 1) COMPLETE THE APPLICATION, SIGN WHERE IT SAYS "APPLICANT SIGNATURE"
- 2) WRITE IN YOUR MODEL CHOICE (MODEL CHOICES ARE IN THE BACK OF THIS PACKET)
- 3) WRITE IN ALERTING DEVICE IF **NEEDED**

PART B: PLEASE COMPLETE AS "CONTACT ONLY" IF HELPING SOMEONE

PART C: HAVE IT COMPLETED AND SIGNED BY YOUR PROFESSIONAL

CONDITIONS OF ACCEPTANCE - READ, SIGN AND DATE

ARIZONA RESIDENCY - PROVIDE A **COPY** OF ANY DOCUMENT OF AN OFFICIAL NATURE THAT HAS THE APPLICANT NAME AND CURRENT ADDRESS, SUCH AS A UTILITY BILL, OR AZ STATE ID.

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

COMPLETE EVERY BLANK ON THE CITIZENSHIP FORM, CHECK WHICH KIND OF DOCUMENT(S) YOU WILL BE SUBMITTING FOR CITIZENSHIP. BE SURE TO SIGN AND DATE ON PAGE TWO.

MAKE A **COPY** 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. THE MOST COMMON DOCUMENTS ARE:

US PASSPORT IN YOUR CURRENT NAME **OR** US BIRTH CERTIFICATE STATING CURRENT NAME

NOTE FOR ANYONE WHO HAS CHANGED THEIR NAME: WOMEN WHO HAVE CHANGED THEIR NAME UPON MARRIAGE(S), ALL MARRIAGE CERTIFICATES THAT PROVE SEQUENTIAL NAME CHANGE(S) ARE REQUIRED. HOW MANY TIMES HAVE YOU CHANGED YOUR NAME SINCE YOUR USA BIRTH? LAST NAME CHANGES AFFECT CITIZENSHIP AND IDENTITY.



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

Address Apt. # City State Zip Code

Telephone No. Sign Language? Yes or No E-mail — I'd like to 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: Alerting model (if needed):

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

Telephone E-mail Address

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

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. Ste. #104, Phoenix, AZ 85007
1-866-223-3412 (520 & 928 area codes only) V/TTY (602) 542-1124 (Phoenix Area) V/TTY

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS
FOR STATE PUBLIC BENEFITS

THIS FORM HAS BEEN MODIFIED FROM THE ORIGINAL.
PLEASE CONTACT OUR OFFICE TO REQUEST THE FULL LENGTH
VERSION IF NEEDED.

1-866-223-3412 V/TTY * info@acdhh.az.gov * 602-542-1124 V/TTY

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

PRINTED NAME _____ DATE _____

___ First time AzTEDP applicant OR ___ Continuing AzTEDP client

ALL APPLICANTS MUST PROVE CITIZENSHIP
OR NATIONAL STATUS.

YOU MUST SUBMIT A LEGIBLE COPY of the approved document demonstrating United States citizenship or nationality listed below.

If you are a citizen of the United States, please CHECK MARK below what kind of document you will be submitting. A COPY OF PROOF OF CITIZENSHIP AND (if applicable) A COPY OF EACH DOCUMENT PROVING NAME CHANGE(S) FOR PURPOSE OF IDENTITY IS REQUIRED.

- 1. Birth Certificate showing birth in one of the 50 states, or its' territories;
a) PLEASE BE AWARE OF ANY AND ALL CHANGES TO THE NAME ON THE BIRTH CERTIFICATE. PROOF OF ALL **NAME CHANGES COMMONLY DUE TO MARRIAGE**, MUST BE SUBMITTED VIA DOCUMENTATION TO PROVE NAME CHANGE, THEREFORE, IDENTITY. OTHER NAME CHANGES REQUIRE APPROPRIATE LEGAL DOCUMENTATION.
- 2. United States Passport; current or expired are 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;
- 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 APPLICATION FORMS AND DOCUMENTATION TO:

AzTEDP
100 N. 15th Avenue, Suite 104, Phoenix, AZ 85007
Phx metro area: 602-542-1124 v/tty Toll Free: 1-866-223-3412 v/tty
info@acdhh.az.gov

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



Free LAND LINE telephone program for
ARIZONA RESIDENTS who are:

Hard of Hearing
(with or without Low Vision)

Deaf
(American Sign Language users)

SPEECH CHALLENGED

Deaf-Blind
(Please contact us for further guidance)

AzTEDP
100 N. 15th Avenue, Ste. 104
Phoenix, AZ 85007

Phone: 602-542-1124 or
Toll free: 1-866-223-3412

Demonstrations are available at our office by appointment.

Please be sure to refer to the APPLICATION materials for all qualifying program information.

SPEECH CHALLENGED CATALOG
(normal hearing)

HEARING CARRY OVER WITH TTY

(for people with zero speech)

VOICE AMPLIFIER

(for people with weak speech)

ELECTROLARYNX

(for people who have had a laryngectomy)

Speech – To – Speech (STS Relay)

(For those with difficult to understand speech)

There are a variety of methods to utilize any combination of TTY, telephone, Speakerphone, or speakers for Hearing Carry Over (HCO).

Please contact our office for consultation.

All methods will utilize the Arizona Relay Service (AZRS).



Ultratec 4425 TTY



Clarity Q90D TTY with Speakers



Arizona Relay Service 7-1-1



Sonivox Voice Amplifier



The SoniVox™ Waistband Voice Amplifier is a high volume, low feedback personal voice amplifier that is great for anyone who has a weak voice.

The SoniVox™ waistband amplifier is also the perfect way to boost your voice if you speak with esophageal or TEP speech.

- Great for personal conversations or small groups
- More compact than other waistband amplifiers
- Conveniently straps around your waist, or slings over the shoulder
- Filters out unwanted sound
- Improves perceived voice quality
- For use with a headset microphone (included)
- Uses AA rechargeable batteries (included)
- Convenient AC adapter charges batteries when not in use

TruTone Electrolarynx



The TruTone™ Electrolarynx is the only electronic speech aid with tone control in a single button. It has the widest tonal range available in an electrolarynx -- bar none! It has the best sound quality available in a neck type artificial larynx.

Features:

- Uses convenient 9 Volt Batteries-- this is critical for emergency situations
- Smallest 9 volt speech aid available. Light weight--only 4.5 ounces
- Unmatched Durability and Reliability
- 5-Year Warranty
- Made in the USA

CONTACT US!

PHONE: 602-542-1124

TOLL FREE: 1-866-223-3412

FAX: 602-542-3488

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

**Vicki Thompson
v.thompson@acdhh.az.gov
602-542-3365 or Toll Free 1-866-223-3412**