



AzTEDP is a FREE program that provides ONE telephone communication 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. 15th Avenue, Ste. 104
Phoenix, AZ 85007

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

This packet contains:

- 1) APPLICATION INSTRUCTIONS
- 2) REQUIRED PROGRAM FORMS
- 3) **CATALOG OF EQUIPMENT for Deaf (typically ASL users) and those who have severe to profound hearing loss and speak for themselves.**

***Please contact our office to obtain the expanded catalog for extra amplified products for the Hard of Hearing, Speech Challenged, and Deaf-Blind.**

Demonstrations available by appointment, if desired.

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: _____ Alerting: _____

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) 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): (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.

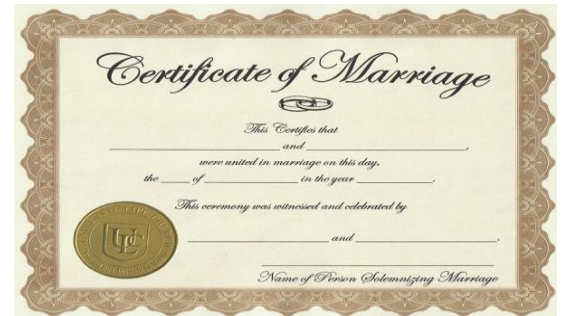
(PRINT CURRENT NAME OF APPLICANT)
IS IN THE UNITED STATES LEGALLY. CITIZENSHIP OR NATIONAL STATUS IN
THE CURRENT NAME OF THE APPLICANT MUST BE PROVEN.
A LEGIBLE COPY OF AN APPROVED DOCUMENT DEMONSTRATING UNITED
STATES CITIZENSHIP OR NATIONALITY OF THE APPLICANT (WITH
APPLICABLE NAME CHANGE DOCUMENTATION)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

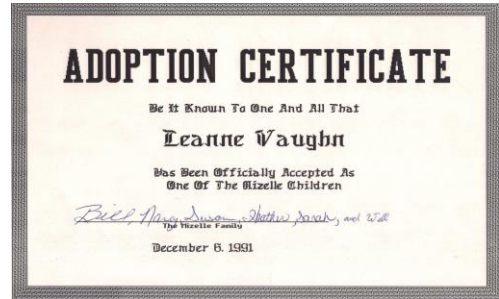
6. Form I-872, American Indian Card with statement identifying the bearer as
a United States Citizen;

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@acdhh.az.gov

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

INCOMPLETE applications will be sent a "Pending Information" letter.

TTY equipment is for Deaf
Typically, American Sign Language users who do not use
their voice.

TEXT equipment utilizes the Arizona Relay Service to call telephone users.

Ultratec Superprint 4425 TTY

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



Clearsounds Quattro 4.0 Adaptive Bluetooth System

BLUETOOTH DEVICES ARE NOT RECOMMENDED FOR THE TECHNOLOGICALLY TIMID

Ideally, this concept is for people who speak for themselves and rely on captions for telephone calls. This would allow the user to hear what they are able, and also read captions on **their** Smartphone. There are several FREE apps available that you can download.



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

The QUATTRO 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





For Oral Deaf:

If you speak for yourself, and have severe to profound hearing loss, captioned telephone may be a solution for you. Please contact our office for further guidance. There are several things to consider when choosing a captioned telephone model. Our staff will walk you through the process of choosing either our model, or a model offered via other programs available:

- Do you have internet in your home?
- Do you have land line home phone service? – Is it VOIP?
- If you do only have a Smartphone, maybe having it on that is the best way to go?
- Do you have any vision issues?
- If you don't have internet, you have got to understand the 1-877-243-2823 call in method for the AzTEDP model.
- How about that D E L A Y.....How can you let others know that this call will be **DIFFERENT**?
- Do you want a captioned answering machine capability?
- Maybe an amplified phone is the simplest way to go, considering all of the factors?

Depending on your answers to all of these questions, AzTEDP staff will guide you to the right program to provide you the best phone fit for you.

Please contact us for further information on what the differences are and guidance on decision making. 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.

**Light Signal Devices
If you don't hear the phone ring, seeing your lamp flash may be just what you need.**

AL 10 with AMPXB (Connects to a lamp you provide)

Available April 1st 2016 from AzTEDP

Stay Connected with others as the AL10 visually alerts you when:

- Landline phone or RJ-11 enabled video phone rings

Easy to Use and see. Simplified design, easy setup and large backlit icons.

- Large, brightly lit icons and lights
- Simple set up - no hardwiring required, just plug it in
- Flashes a connected lamp with a built in lamp flasher for added notification
- Large, lit button to easily turn nearby lighting On or Off
- Large 3.5" clock display (measured diagonal)

Superior Technology.

- Adjustable display brightness
- Dual Power Backup keeps the system running when the power is out

AL 10 (Base unit)

AMPXB (Body-worn vibrating rechargeable pager)



**Please note that only phone, doorbell and alarm clock functions are included.
AzTEDP does not provide additional alerting signals.**

Serene Innovations CentralAlert CA-360 Alarm Clock with Remote Receiver (Connects to a lamp you provide)

The CentralAlert™ CA360 from Serene Innovations is an all-in-one notification system for your home. Combo includes the CA-RX Remote Receiver.

It has a bright, built-in flasher, a selectable loud yet pleasant audible sound.

CentralAlert™ CA360



Remote



**Please note that only phone, doorbell and alarm clock functions are included.
AzTEDP does not provide additional alerting signals.**



Battery back-up operation requires four AA e² NiMH

(Nickel Metal Hydride) Rechargeable Batteries for base unit, and three for the REMOTE. Batteries are NOT INCLUDED.

If you wish to have BATTER BACK UP FUNCTIONALITY, you will need to purchase enough batteries. “Regular” batteries will damage the unit.

TR75VR TELEPHONE AND VIDEO PHONE SIGNALER

- Works with all Sonic Alert remote receivers
- Three distinct flash patterns
- Lamp can be used for signaling or normal room lighting
- Unique pluglet (plug-outlet) allows you to keep your table clear of unsightly lamp cords
- Works with VP200 and ZBox
- UL listed
- Five year warranty



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.

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

Are you uncertain about what to choose?

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

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