



AzTEDP is a FREE program that provides specialized equipment for ARIZONA RESIDENTS who are Speech Challenged:

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 SPEECH IMPAIRED

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

Demonstrations available by appointment.

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 Arizona Telecommunications
Equipment Distribution Program

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) 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 (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

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 completed application forms and photocopied documentation to:

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

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



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-Plus



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
- Car adaptor

**If you have questions,
please CONTACT US
before you submit your
application.**

PHONE: 602-542-1124 V/TTY

TOLL FREE: 1-866-223-3412 V/TTY

FAX: 602-542-3488

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

info@acdhh.az.gov