



**AzTEDP is a FREE State of Arizona program that provides
ONE phone device and/or ONE alerting device for
ARIZONA RESIDENTS who qualify as:**

Hard of Hearing
(with or without low vision)

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

***Speech-Impaired**

***DeafBlind**

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) Equipment catalog for the **HARD OF HEARING**
- 2) Application requirements
- 3) Required FORMS (four pages)

***Please contact our office to obtain the expanded catalog for Deaf,
Speech-Impaired, and DeafBlind.**

Demonstrations available by appointment.

**This form helps our staff understand your telephone needs.
Please submit this FORM with your application materials.**

Things to Consider Before Choosing Your Equipment



- All of our land line AMPLIFIED PHONES are adjustable and have up to 50 extra decibels (louder) **WHEN THE AMPLIFIER IS TURNED ON.**
- All of our land line AMPLIFIED PHONES have adjustable TONE CONTROL, which will also help with CLARITY and COMPREHENSION.
- All of our land line AMPLIFIED PHONES have adjustable built-in ringers which can be adjusted to be VERY LOUD.
- What additional features would you like in a phone?

Model Style – Circle One:

Cordless OR Corded OR No handset at all OR Cell ACCESSORY

Model Features – Circle all preferences:

Caller ID screen

Speakerphone

BIG BUTTONS

Captions

Remote answering

Speed Dial

Who is your HOME phone company, if applicable? _____

Do you always know when the phone is ringing?
If not, we have alerting devices available.

**All phones have EXTRA LOUD adjustable built-in, ringers.
If you need an extra light signal device or ringer, please contact us for consultation on alerting devices you see listed in this packet.**



Would you like to subscribe to our weekly E-News?
If so: _____@_____

Telephone Devices for the Hard of Hearing

AzTEDP staff can assist you in choosing equipment that meets your needs, upon request.



Corded - Clarity Alto Plus: The Alto Plus amplified corded telephone is for mild to severe hearing loss **WHEN THE AMPLIFIER IS TURNED ON**. This phone has up to 53 extra decibels of volume and tone control and a **speakerphone** option. It is capable of Caller ID if you are a subscriber. There is a LOUD>soft adjustable ringer with an optional visual indicator. Size measures 10.4" x 8" x 4.4". It has three "One Touch Memory" buttons, a Phonebook, and a 4" backlit screen with an optional talking keypad. **This is NOT a captioned phone.**



Corded - Geemarc Ampli550: The Ampli550 has up to 55 decibels of extra loud amplification for mild to severe hearing loss **WHEN THE AMPLIFIER IS TURNED ON**. It has an extra-large LCD display, talking and visual Caller ID capability, and an extra bright optional flashing strobe. The Ampli550 also includes an amplified **speakerphone**, optional talking numbers and nine memory dial buttons. The ringer is adjustable up to 95 decibels. It has nine speed dials plus a phonebook. **This is NOT a captioned phone.**



Cordless - Clarity XLC 3.4+ (includes Caller ID screen): The XLC3.4+ has up to 50 decibels of extra amplification for mild to severe hearing loss **WHEN THE AMPLIFIER IS TURNED ON**. It has a loud and clear **speakerphone**, illuminated dial pad with buttons that *CAN* speak the number dialed, typically to assist the visually impaired. It is capable of Talking Caller ID and has a Caller ID screen if you are a Caller ID subscriber. "Find" feature allows you to find the misplaced cordless handset. It has a Phonebook to program and access frequently called numbers. **This is NOT a captioned phone.**



Cordless - Clarity XLC2 (no Caller ID screen): The XLC2 is a loud amplified cordless phone featuring up to 50 decibels of amplification for mild to severe hearing loss **WHEN THE AMPLIFIER IS TURNED ON**. It has a LOUD and CLEAR **speakerphone**. Illuminated dial pad with large buttons that can speak the number dialed, typically to assist visually impaired. Talking Caller ID capable. Has ten two-touch memory dial locations which can be programmed for frequently dialed numbers. "Find" feature allows you to find the misplaced cordless handset.



Serene Innovations RCx-1000 (no handset; speakerphone only): Best for people with hearing loss AND limited mobility. With auto 32 memory scanning and dialing, voice activated no-touch answering and total remote control, the RCx restores independence in communication for people with hearing loss and limited mobility. Its large 3" speakerphone offers quality sound and it adapts easily to your hearing and physical needs.



Corded:

**Serene
Innovations**

HD-60J

Best for people with low vision, in addition to hearing loss.

WHEN THE AMPLIFIER IS TURNED ON, this phone has 50 decibels of extra amplification. The Jumbo Key phone has adjustable Tone, three One-Touch and 10 Two-Touch programmable memory buttons, a loud adjustable ringer and Braille augmentation.

NOTE: This phone does NOT have a built-in Caller ID screen nor speakerphone.

BLUETOOTH OPTIONS ARE NOT RECOMMENDED FOR THE TECHNOLOGICALLY TIMID



Clearsounds Quattro 4.0 Lite (for manual telecoil users):

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.

The Quattro 4.0 Lite can be a cell phone ACCESSORY option for you IF you:

- 1) Wear hearing aid(s) with **MANUAL** T-coils. (Change to T-Coil mode)
- 2) Wear hearing aid(s) without **MANUAL** T-coils (you would take them out, use ear buds)
- 3) Wear hearing aid(s) with **AUTOMATIC** T-coils (you would take them out, use ear buds)
- 4) Do not wear hearing aid(s) - (you would use earbud version listed below)

The Quattro 4.0 LITE includes the following:

- Personal Bluetooth streamer with 8-wire adjustable neckloop
- Micro USB charging cable and AC power adapter

The Quattro 4.0 LITE has these features:

- Compatibility with standard Bluetooth Version 2.1 + EDR devices
- Siri/S voice (Galaxy S3, Note II) control function
- Multi-point connection allows you to connect up to 2 Bluetooth devices
- Pair up to 8 Bluetooth devices
- Accommodates t-coil and non-t-coil users
- 30 dB adjustable amplification



Clearsounds Quattro 4.0 Lite WITH EARBUDS: Identical to the above Quattro Lite, but also includes earbuds to accommodate users who either don't wear hearing aids at all, or don't have manual telecoils in their hearing aids.



Switch to Telecoil

(AKA: Telecoils, T-coils, T-Switches) – Not sure????

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

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

If using hearing aid(s), (not earbuds), **automatic** Telecoils will NOT work with Quattro 4.0 loop or TLOOP. If using the hearing aid method, (not earbuds) the telecoils must be **MANUAL**.



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 2 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
- Shows Call Waiting and Caller ID
- Demonstration recommended

CapTel: What About an AzTEDP land line CapTel?

Things to Consider Before Choosing a Captioned Phone

In our experience:

- MOST PEOPLE sense that “getting the phone with the words on the screen” is an umbrella solution to solve frustration on the phone. Sometimes yes, sometimes no.
- In reality, the captioned telephone is suited for a **small segment** of the population with severe to profound hearing loss.
- There is a learning curve: Three skills: Reading, talking, (and listening) at the same time. There is a short, variable delay between the speaker and when the captions appear on the screen for you to read.
- MOST PEOPLE, after understanding the differences, choose an amplified phone from AzTEDP at least for starters. To them, “a better quality phone” is the goal.
- MOST people wish to **HEAR BETTER**. Therefore, the tendency is to resort to old habits of “huh, what, could you repeat that?” Many struggle with the idea of just **WAITING FOR THE CAPTIONS**. New habits are hard to form. If the old habits remain, the captioned phone is useless.
- The most successful users are typically those with a substantial hearing loss or such poor speech understanding that they are forced to embrace the awkwardness of waiting to read.
- Though captioned phones are “FREE”, the captions are provided by the Arizona Relay Service and paid for by the minute by the Arizona Commission for the Deaf and the Hard of Hearing.
- Like most anything new, it is in your best interest to try out the options.
- We can help you decide if AMPLIFICATION or CAPTIONED RELAY SERVICE is the most effective fit for YOU. CapTel demonstration is HIGHLY ENCOURAGED!
- Please contact us for further information on what the differences are and guidance on decision making. info@acdhh.az.gov
- Proper usage means relying on, and effectively reading the captions.
- Again, amplified is a good starting point for a lot of people.

Note: It is important to be aware that some **land line** CapTel users do experience data (captioning) connection problems. This is happening as a result of industry-wide telephone service companies retiring copper lines and, overall, the evolving telephone environment.

Please contact us for guidance: info@acdhh.az.gov



Before Making that FINAL Decision.....

If you are certain that only a **captioned** telephone will allow you to effectively communicate by reading captions provided by the ARIZONA RELAY SERVICE, please email, snail mail, or have someone on your behalf contact us, if possible, to ensure that CapTel is a reasonably good choice for you and your situation. Considerations such as vision, cognition, desire to learn new skills, desire to HEAR, and coping with CHANGE are all factors that impact the varying degrees of success with this new and different method.

Alerting Devices for the Hard of Hearing

These devices are designed to provide a visual (flashing light) and/or tactile (vibrating pager) to help alert people to environmental sounds that they do not normally hear, such as a telephone ringer or door bell.

Model Choices:

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

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

- Land line **phone** or videophone rings
- Visitors ring the wireless **doorbell**
- **Alarm clock** with snooze and vibrating alert features are set to wake the deepest of sleepers
- Large, brightly lit icons and lights
- Simple setup; just plug it in
- Flashes a connected lamp with a built in lamp flasher for added notification
- A powerful vibrating alert shakes your bed or pillow to alert you when asleep
- Distinct flashing patterns and icons on unit help you distinguish between events
- Large, lit button to easily turn nearby lighting On or Off
- Large 3.5" clock display (measured diagonal)
- Adjustable display brightness

AL 10 (Base unit)

AMPXB (Body-worn vibrating rechargeable pager)



Lamp
provided
by you

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, and adjustable audible sound.

CentralAlert™ CA360



Stationary remote (CA-RX)



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

Are You Uncertain About What to Choose?



Demonstrations available by appointment.
You can experience the phones, and
submit the paperwork, knowing you have
made the best decision for **YOU**.

602-542-1124 or 1-866-223-3412
info@acdhh.az.gov

Application Requirements:

Just follow the steps to ensure quick processing

Step #1: Complete the Application FORM:

Part A: 1) Complete the application, sign where it says “applicant signature”
2) Write in your equipment model choice(s). Contact us if needed.

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**.

Step #2: Sign the Conditions of Acceptance FORM: Read, sign and date.

Step #3: Statement of U.S. Citizenship/Alien Status for State 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 are 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 proofs of CITIZENSHIP are:** U.S. Passport with current name **or** U.S. Birth Certificate. If using Birth Certificate and last name has changed, (typically upon marriage) see below.



Notice: Last name change(s) 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 spouse’s last name upon marriage(s), must provide marriage certificate(s) that prove sequential name change(s). 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?

Step #4: Proof the applicant lives in Arizona:

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 will be returned to you 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

() () Email: _____

Home phone # Cell phone #

Mailing Address (if different from above) City Zip Code

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

Phone choice: _____ Alerting 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

() - Email: _____ @ _____

Phone _____
X _____ Note: As established in the Conditions of Acceptance, Parent or Legal Guardian listed herein is
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 DeafBlind Speech Challenged
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 STATEMENT OF (U.S.) 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 voucher for a new device(s).

Voucher: I am eligible for one new VOUCHER device and/or one alerting device every five years. If funding is available, I will be eligible to receive another new phone and/or alerting device five years from the date of receipt of equipment. I understand AzTEDP buys one telephone and/or one alerting 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(s) out of the state for not more than ninety (90) days at a time. I must return voucher device(s) 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 upon request.

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 V/TTY (602) 542-1124 V/TTY

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



The applicant must provide photocopied document(s) to prove
UNITED STATES of AMERICA 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;

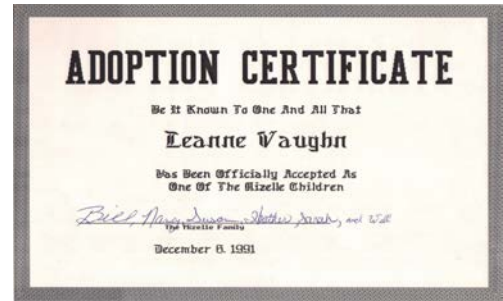
6. Form I-872, American Indian Card with statement identifying the bearer as
a United States Citizen;

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 born or naturalized citizen 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

Please allow 2-4 weeks for processing of **COMPLETE** applications.
 INCOMPLETE applications will be sent a "Pending Information" letter.



What Happens Next?

Once the FORMS and relevant photocopied Citizenship and photocopied Arizona residency documents are submitted to AzTEDP, what can I expect?

- You will be served promptly.
- A blue voucher(s) may be printed based on the model(s) chosen on your application form.
- The voucher(s), instructions, and a list of vendors will be mailed to you. (The vendor holds your FIVE YEAR WARRANTY. Contact them for repairs.)
- To redeem the voucher(s), follow the instructions included with the blue voucher(s).
- **TURN ON THE PERMANENT AMPLIFIER** for home models.
- **If you have chosen CapTel, arrangements will be made for direct issue from AzTEDP.**