



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

**Deaf**  
(American Sign Language users)

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

**\*Speech-Impaired**

**\*DeafBlind**

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) Equipment catalog for the **Deaf**; typically, American Sign Language users. Also listed are devices for those who have Severe to Profound hearing loss and speak for themselves.

2) Application requirements

3) Required FORMS (four pages)

**\*Please contact our office to obtain the expanded catalog for  
Hard of Hearing, Speech-Impaired, and DeafBlind.**

**Demonstrations available by appointment.**

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
- Remote message retrieval
- Memory dialing and redial



### Alerting Devices

If you don't notice the phone ringing, or need a visual or vibrating pager to access some environmental sounds, an Alerting Device may be just what you need.

#### MODEL CHOICES:

Alertmaster AL 10 with AMPXB (body-worn pager) Connects to a lamp you provide:

- 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
- 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
- Dual power backup keeps the system running when the power is out.

AL 10 (Base unit with vibrating disk and doorbell)



AMPXB (Body worn vibrating rechargeable pager)



Lamp provided by you

Please note that only phone/TTY/videophone, 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 volume.

CentralAlert™ CA360



Stationary remote receiver (CA-RX)



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

The following devices are for those who have moderate to profound loss and speak for themselves.

**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 cell phones
- Siri/S voice (Galaxy S3, Note II) control function
- Multi-point connection allows you to connect up to two 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.

The Clearsounds Quattro option can also be utilized in conjunction with a variety of free captioning apps.

\*\*\*\*\*



**CapTel 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 LAND LINE ONLY model, or a model offered via other programs:

- Do you have internet in your home?
- Do you have land line home phone service? – Is it VOIP?
- Do you have any vision issues?
- How can you let others know that this call will be **DIFFERENT**? Captions have a short delay.
- Do you want a captioned answering machine capability?

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](mailto: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

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: 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 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 upon marriage) see below.

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

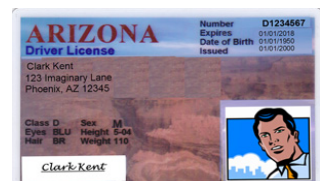
who are using their Birth Certificate with their MAIDEN name for proof of U.S Citizenship, and have taken a husband's last name upon marriage(s), must provide marriage certificate(s) that prove sequential name change(s). How many times have you changed your name since your U.S.A. birth? Last name changes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





# 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 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;

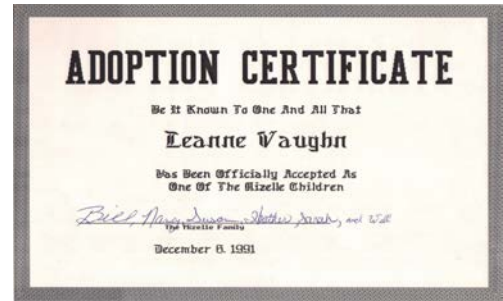
7. Religious record recorded in one of the 50 states; (Baptism – commonly used)

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](mailto: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).
- **If you have chosen CapTel, arrangements will be made for direct issue from AzTEDP.**