



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

Speech-Impaired

***Hard of Hearing**

(with or without Low Vision)

***Deaf**

(American Sign Language users)

***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 **Speech-Impaired**
- 2) Application requirements
- 3) Required FORMS (four pages)

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

Demonstrations available by appointment.

SPEECH-IMPAIRED CATALOG
(normal hearing)

HEARING CARRY OVER WITH TTY
(for people with NO speech and normal hearing)

VOICE AMPLIFIER
(for people with weak speech)

ELECTROLARYNX
(for people who have had a laryngectomy)

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.



Ultratec 4425 TTY

SoniVox Voice Amplifier



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

The SoniVox™ is also the perfect way to boost your voice if you speak with esophageal or TEP (Tracheoesophageal Puncture) 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 Plus is the only electronic speech aid with tone control in a single button. It has the widest tonal range available in an electrolarynx.

Features:

- Uses convenient 9 Volt Batteries which 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 U.S.A.
- Car adaptor

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 and 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 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? - Email: _____ @ _____
 Phone No. 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.

Speech device 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

(_____) - _____
 Phone Email: _____ @ _____

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): (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-Impaired
therefore has a need for accessible telephone equipment to the best of my knowledge.

X _____
 Signature of Certifying PROFESSIONAL Needed

DATE: _____

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 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.

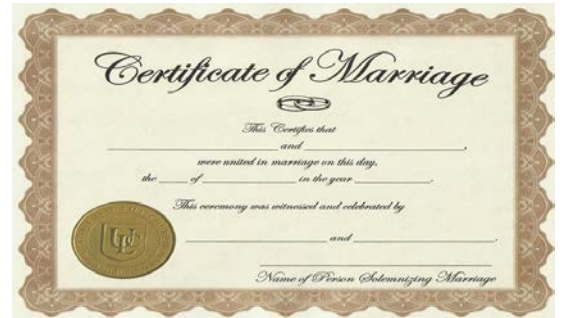
(PRINT CURRENT NAME OF APPLICANT)
IS IN THE UNITED STATES LEGALLY. CITIZENSHIP OR NATIONAL STATUS IN
THE CURRENT NAME OF THE APPLICANT MUST BE PROVEN.
A LEGIBLE COPY OF AN APPROVED DOCUMENT DEMONSTRATING UNITED
STATES CITIZENSHIP OR NATIONALITY OF THE APPLICANT (WITH
APPLICABLE NAME CHANGE DOCUMENTATION) 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@acdhh.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 will be printed based on the speech model on your application form.
- The voucher, instructions, and a list of vendors will be mailed to you. (The vendor holds your FIVE YEAR WARRANTY. Contact the vendor for repairs.)
- To redeem the voucher, follow the instructions included with the blue voucher.

Questions? info@acdhh.az.gov

602-542-3365 or 1-866-223-3412