



AzTEDP is a FREE program that provides ONE telephone device and ONE alerting device for ARIZONA RESIDENTS who are:

Hard of Hearing
**(with or without
low vision)**

Deaf * DeafBlind * Speech-Impaired

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 HARD OF HEARING**

**2) APPLICATION
REQUIREMENTS**

3) REQUIRED FORMS

**Demonstrations available
by appointment.**

**Home visits can be set up
on a case-by-case basis.**

**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 what your phone needs are.
Please submit this FORM with your application materials.**

Things to Consider Before Choosing Your Equipment

Model Features – Circle all preferences:

Caller ID screen

Speakerphone

BIG BUTTONS

Captions

Remote answering

Speed Dial

Who is your HOME phone company, if applicable?

All phones have EXTRA LOUD adjustable built-in, ringers. If you need an extra alerting device such as a flasher or ringer, please contact us for consultation on alerting devices listed in this packet.

Available Equipment for the Hard of Hearing



**Corded - Clarity
Alto Plus:** The Alto Plus amplified corded telephone is for those with mild to severe hearing loss. It has up to 53

decibels of extra volume when the AMPLIFIER IS TURNED ON. It also has a **speakerphone** option. It is capable of Caller ID if you are a Caller ID subscriber. There is a LOUD>soft adjustable ringer with an optional visual indicator. It measures 10.4" x 8" x 4.4". It has three "One Touch Memory" buttons. It has a 4" backlit screen. Optional talking keypad.

This is NOT a captioned phone.



Corded - Geemarc

Ampli550: The

Ampli550 has up to 55 decibels of extra loud amplification when the **AMPLIFIER IS TURNED ON**. It has an extra-large LCD display, Talking Caller

ID, and an extra bright optional flashing ring strobe. The Ampli550 also includes a **speakerphone**, large talking numbers and nine memory dial buttons. It is capable of Caller ID if you are a Caller ID subscriber. The ringer has up to 95dB of adjustable ring & optional strobe signaler.

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 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. 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 misplaced cordless handset.

This is NOT a captioned phone.



Cordless - Clarity XLC2: no Caller ID

The XLC3.4+ is a loud amplified cordless phone featuring up to 50 decibels of extra amplification 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. It has Talking Caller ID capability if you are a Caller ID subscriber. "Find" feature allows you to find 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 with many accessories.



Corded -
Serene
Innovations
HD-60J

Best for people with low vision, in addition to hearing loss. This phone has 50

decibels of extra amplification WITH THE AMPLIFIER TURNED ON. It has adjustable Tone. Three One-Touch and 10 Two-Touch programmable memory buttons. Loud adjustable ringer. Braille augmentation. NOTE: This phone does NOT have a built-in Caller ID screen, nor a speakerphone.



**BLUETOOTH OPTIONS TO CONNECT WITH
YOUR OWN PERSONAL CELL PHONE ARE
NOT RECOMMENDED FOR THE
TECHNOLOGICALLY TIMID**

Please contact us for consultation:



**Clearsounds Quattro 4.0 Lite
for manual telecoils 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 aids with **MANUAL** T-coils. (Change to T-Coil mode)
- 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 earbuds)
- 4) Do not wear hearing aids (you would use included earbuds)



Clearsounds Quattro 4.0 Lite
WITH EARBUDS: Identical to
the above Quattro Lite, but also
includes earbuds accommodate
non-telecoil users

Demonstration
recommended



Switch to Telecoil

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

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.

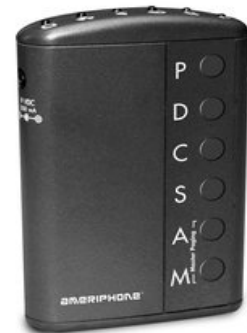
MODEL CHOICES:

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.

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.
- Learning curve: Three skills: Reading, talking, (and listening) at the same time.
- MOST PEOPLE, after understanding the differences, choose an amplified phone from AzTEDP, at least for starters, and for normalcy.
- 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 old habits remain, the captioned phone is useless.
- 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 navigating the use of this service.
- 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



Are You Uncertain About What to Choose?



Demonstrations of equipment are available
by appointment.

You can opt to experience the phones,
submit the paperwork, and leave, knowing
you have made the best decision for **YOU**.

602-542-1124 or 1-866-223-3412

info@acdhh.az.gov

Application Steps: Just follow the steps

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.
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 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 spouse'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?

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.

Applicant Information:

Last Name First Middle

Date of Birth: _____

Address Apt. # City

Arizona Zip Code _____

() ()

HOME PHONE #

CELL PHONE#

Mailing Address (if different from above)

X _____

Applicant Signature Date

Adults who have a P.O.A., please include that person's contact information.

Model choice: _____

Email: _____@_____



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
 Email: 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

 Address Apt. # City State Zip Code
 (_____) (_____) American Sign Language?
 Home phone # Cell phone # 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: _____ **Email:** _____@_____

PARENT / LEGAL GUARDIAN / P.O.A./HELPER/FRIEND

PART B (IF NECESSARY)

 Last Name (print) First Middle Relationship: __ Parent __ Legal Guardian __helper/friend

 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 DeafBlind Speech Challenged
 therefore has a need for accessible telephone equipment to the best of my knowledge.**

X _____ DATE: _____

Signature of Certifying PROFESSIONAL required

February 2019

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 (*with 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 _____ **DATE:** _____

**Signature of Certifying PROFESSIONAL
required**

CONDITIONS OF ACCEPTANCE for the ARIZONA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION PROGRAM (AzTEDP)

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 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 alerting device five years from the date of receipt of equipment. I understand AzTEDP buys one telephone and 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 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 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: _____

I currently communicate best by:

Mail all forms and supporting documentation to:
AzTEDP 100 N. 15th Ave. Suite 104, Phoenix,
AZ 85007
1-866-223-3412 (602) 542-1124

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 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.



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.
- Blue voucher(s) will be printed based on the model 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.**