



AzTEDP is a free State of Arizona program that provides **FREE telecommunications equipment**. AzTEDP provides one telephone device and one telephone alerting device.

### **Alerting for the Deaf and the Hard of Hearing**

- Equipment catalog
- Application requirements and instructions
- Required forms
- Information on what happens next

**AzTEDP**  
100 N. 15th Avenue, Ste. 104  
Phoenix, AZ 85007  
Phone: 602-542-3365  
Toll free: 1-866-223-3412  
Fax: 602-542-3488  
[aztedp@acdhh.az.gov](mailto:aztedp@acdhh.az.gov)

ACDHH/AzTEDP serves all Arizonans with any level of hearing or speech loss which may include low vision.

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# Alerting Equipment for Incoming Calls

## SquareGlow Home Kit

This device works with home amplified telephones, captioned telephones, TTY's, and Sorenson videophones.

This is not a Bluetooth device.



### **Included:**

- One wireless doorbell
- One phone pager
- Two flashing receivers
- Two ten feet long charging cables and two power adapters

### **Features:**

- 52 Ringtones
- Range of up to 600 feet
- Can add additional Transmitters or Receivers
- Multiple volume levels; up to 120 db
- The wireless flasher/receiver system works up to 600 feet
- Connect with flashers, doorbells and accessories
- Seven Customizable LED colors: white, green, red, yellow, blue, and aqua are used to identify where each signal comes from

## Serene Innovations CentralAlert CA-360QK

This device works with home amplified telephones, captioned telephones, TTY's, and Sorenson videophones.

This is not a Bluetooth device.



- Included:**
- CA-360QK (Main unit includes clock with adjustable volume ringer and flasher, bed shaker and doorbell)
  - CA-PX (Personal wearable pager which operates up to 200 feet)
  - CA-RX (adjustable volume ringer and flasher)

- Features:**
- Lightweight, portable and wearable pager-type design
  - Receive alerts through strong, easily identifiable vibrations, selectable audio tones, and a bright flasher
  - Audible ringer, visual light and vibration
  - Optional sensor-transmitter accessories such as baby monitor, weather alerts, SOS panic-button, smoke/CO alarm, cell phone alerts, knock at the door, motion detector, personal receiver, remote receiver, lamp flasher, and more are sold separately at the Serene Innovations website.

## Serene Innovations Central Alert CA-380 Wearable Notification System

This device works with home amplified telephones, captioned telephones, TTY's, and Sorenson videophones. Smartphones will activate the alerts when the Smartphone is set in the cradle, see below.

This is not a Bluetooth device.

- Included:**
- CA-CX (Main unit phone signaler which has adjustable audible ringer, visual light and vibration)
  - CA-PX (Wearable pager which operates up to 200 feet)
  - CA-DB (Doorbell to mount on home)
  - 9V bed shaker
- Features:**
- Lightweight, portable and wearable pager-type design.
  - Receive phone alerts through strong, identifiable vibrations, selectable audio tones, and a bright flasher.
  - Rechargeable batteries are for CA-PX only.
  - Optional sensor-transmitter accessories may be purchased separately at [www.sereneinnovations.com](http://www.sereneinnovations.com). These options include baby monitor, weather alerts, SOS panic-button, smoke/ CO alarm, cell phone alerts, knock at the door, motion detector, personal receiver, remote receiver, lamp flasher, and more.



## **Bellman & Symfon Vibio Bluetooth Shaker**

If you need a vibrating alert from your smartphone, the Bellman & Symfon Vibio **Bluetooth** Shaker is an alerting option.

Vibio's strong vibration makes sure you are connected to your Android or iOS phone via Bluetooth. It is controlled by a free, user-friendly app, which allows you to create customized alarms and select the vibration power. You can also choose your favorite sound and notifications from any calls and messages. Vibio's alarm clock feature has snooze capability through the app or pull strap and if your phone battery dies, the programmed alarms will still wake you. An ideal portable alerting device for the deaf, those with hearing loss and heavy sleepers.



### **Features:**

- Wake up by strong vibration and sound
- Connects via Bluetooth to Android and iOS devices
- Set multiple alarms, choose alert settings through the free app
- Optional setting alerts you to phone calls and text messages
- Pull strap or use app to activate snooze
- Made of soft material with quilted pattern
- Last for weeks with rechargeable Li-Ion battery
- Up to 98 feet Bluetooth range
- Dimensions: 3.7" W x 1" H x 3.7" D

# Application Requirements for Telecommunications Equipment:

## 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 AzTEDP if needed.

Part B: May be completed by a designated representative who is acting on behalf of the applicant, such as (parent, legal guardian, P.O.A., helper, or friend).

Part C: Must be completed and signed by your professional.

## 2. Complete the Conditions of Acceptance form: Read, sign and date.

## 3. Proof of Arizona residency:

- Telephone bill proving applicant phone service, which may also prove AZ residency, if your address is documented.
- AZ Driver’s License / State of AZ identification card
- Letter from facility stating residency
- Anything of a formal nature to verify name/address
- If your Arizona Identification also has a gold star, it meets proof of US Citizenship, which is outlined in #5.



## 4. Proof of appropriate service for the telecommunications device you request:

Cellular users: Photocopy of bill proving cellular service, which may also prove Arizona residency, if address is documented.

Landline users: Photocopy of bill proving landline service, which may also prove Arizona residency, if address is documented.

Sorenson videophone users: Photo, screenshot or other documentation of your Sorenson videophone.

## 5. Complete the STATEMENT OF (U.S.) CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS FORM. You must submit photocopied proof that you (current name) meet the requirements.

- 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 you marked on page one of the Citizenship Form. If using your last name has changed, please provide a copy of the documentation (marriage certificate is common). Arizona Identification with Gold Star is also accepted as proof of U.S. Citizenship. Contact AzTEDP for assistance.



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**AZTEDP application** Mail all forms and photocopies to:  
AzTEDP, 100 N. 15th Ave. Suite 104, Phoenix, AZ 85007  
Ph: 602-542-3365 or toll free 1-866-223-3412  
aztedp@acdhh.az.gov

**APPLICANT - AzTEDP**

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/text #

\_\_\_\_\_  
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: \_\_\_\_\_ **Telephone alerting choice:** \_\_\_\_\_

**Parent / legal guardian / POA / helper / friend**

**Part B (if necessary)**

\_\_\_\_\_  
Last Name (print)                      First                      Relationship:                      Parent                      Legal Guardian                      helper/friend  
(please attach P.O.A. if applicable)

\_\_\_\_\_  
Address (print)                      Apt. #                      City                      State                      Zip Code

\_\_\_\_\_  
Best phone number                      Email: \_\_\_\_\_

X \_\_\_\_\_  
Signature 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):**                      **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 a certifying professional is required**                      DATE: \_\_\_\_\_

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



**Please READ and SIGN YOUR FULL NAME at the bottom** of this form. This form is a contract between you and the Arizona Telecommunications Equipment Distribution Program (AzTEDP). By signing this form, you agree to the terms and conditions of the program. If you do not agree, you should not sign this form. If you have any questions, please call the AzTEDP office at 1-866-223-3412.

**AZ residency:** You must be a resident of the State of Arizona at the time you sign this form. You must be at least 18 years old at the time you sign this form. You must be a legal resident of Arizona for at least 90 days before you sign this form. You must be a resident of Arizona for at least 90 days before you sign this form.

**Property:** You must own the property where the equipment will be used. You must have the right to use the property for the purpose of the program. You must have the right to use the property for the purpose of the program.

**Voucher:** You must have a valid voucher from the program. You must have a valid voucher from the program.

**Damage, repair, loss, and theft:** You are responsible for the equipment you receive from the program. You are responsible for the equipment you receive from the program. You are responsible for the equipment you receive from the program.

**Travel or move out of state:** You must remain a resident of Arizona while you use the equipment. You must remain a resident of Arizona while you use the equipment. You must remain a resident of Arizona while you use the equipment.

**Change of address or phone:** You must notify the program of any change of address or phone number. You must notify the program of any change of address or phone number. You must notify the program of any change of address or phone number.

**Liability:** You are responsible for the equipment you receive from the program. You are responsible for the equipment you receive from the program. You are responsible for the equipment you receive from the program.

**Used equipment:** You must not use the equipment for any other purpose. You must not use the equipment for any other purpose. You must not use the equipment for any other purpose.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit forms and supporting documentation to: AzTEDP 100 N. 15th Ave. Suite 104, Phoenix, AZ 85007

[aztedp@acdhh.az.gov](mailto:aztedp@acdhh.az.gov) \* 1-866-223-3412 \* (602) 542-3365

# 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.



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( ~ 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.

## Please mark below which photocopied document you will be submitting.

1. Birth certificate showing birth in one of the 50 states, or its territories; Name change proof, if applicable, must be submitted.



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 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).

12. If your Arizona identification has a gold star embedded in the card, this document can double as both AZ ID and UNITED STATES CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS. The star is used to show that the cardholder has provided added proof of identification to ensure the license or ID meets strict federal requirements.

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 the four completed application forms and photocopied documentation showing legal presence in the USA and current AZ residency to:

AzTEDP  
100 N. 15th Avenue, Suite 104  
Phoenix, AZ 85007  
Phoenix metro: 602-542-3365 Toll free: 1-866-223-3412  
[AzTEDP@acdhh.az.gov](mailto:AzTEDP@acdhh.az.gov)

Please allow 2-4 weeks for processing of complete applications.

If you do not complete the application and submit photocopied documentation as instructed, you will be contacted for follow up.



Once the completed forms and relevant photocopied documents are submitted to AzTEDP, what can I expect?

- **Yellow** voucher(s) and instructions will be mailed to you.
- You will sign the voucher(s) and mail to the vendor of your choice.
- The vendor will ship you the device(s).

**If you do not complete the application and submit photocopied documentation as instructed, you will be contacted for follow up.**

ACDHH/AzTEDP serves all Arizonans with any level of hearing or speech loss which may include low vision.

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