



COLORADO

Department of Human Services

Colorado Telecommunications Equipment Distribution Program (TEDP)

a program of the Colorado Commission for the Deaf and Hard of Hearing (CCDHH)

Application for Equipment

This is an application for qualified citizens to receive telecommunications equipment. Application forms are also available in large print or Braille format.

Please make sure all of this information is completed before you send your application. Send copies of your documents. *Do not send originals.* Please Type or Print (except for signatures) in blue or black ink.

COMPLETE THE FOLLOWING ITEMS:

- Proof of Colorado Residency – provide a copy of your valid driver’s license or state ID card.
- Proof of Telecommunications Service – provide a copy of your home or cell telephone bill **showing your name and address.** If the name on the bill is not the same as the applicant’s name, please include a letter explaining shared service.
- Proof of Annual Gross Income – provide the front page of your federal income tax return or a copy of your social security award letter. In order to qualify, the applicant's income must be less than 300% of the Federal poverty guidelines based on family size as indicated by the United States Department of Health and Human Services. Low-income guidelines can be found here: <http://www.ccdhh.com/tedp/LowIncomeGuidelines.aspx>.
- Applicant’s signature – sign Part I of the application.
- Certifier’s signature – make sure the original signature of the certifier is in Part II.
- Equipment selection – make sure Part III is completed.

Please fill out this application and fax, scan and e-mail or mail it with the required support documents to:

JoAnne Hirsch, TEDP Coordinator
Colorado Commission for the Deaf and Hard of Hearing
1575 Sherman St., Garden Level
Denver, CO 80203

Voice: 303-866-2097 VP: 720-949-7457 Fax: 303-866-4831 E-mail: joanne.hirsch@state.co.us

PART I: APPLICANT'S INFORMATION

Applicant's name (First, Middle, Last) _____

Address _____

(Provide physical address of where you live, not P.O. Box.)

City _____ **County:** _____ **State:** CO **Zip:** _____

Telephone number: _____ Voice VP Other

E-mail address: _____

Date of Birth: _____

Gender: Male Female

Ethnicity: African American Asian Caucasian Hispanic Other

I learned about TEDP from: (check all that apply)

- Social Service Friend TEDP Flyer Organizational Newsletter
- CCDHH Website VR Office Media Other

Annual household income - count the number of people in your home and total everyone's annual income:

- 1 person \$ _____ 2 persons \$ _____
- 3 persons \$ _____ 4 persons \$ _____

Income information will be used to determine if you are eligible to receive free telecommunications equipment. Eligible applicants shall be awarded program participation on a first-come, first-served non-discriminatory basis, in accordance with the approval date as determined by the dated signature of the CCDHH TEDP staff. Applicants will be placed on a waiting list during times of fiscal constraint.

APPLICANT: I certify that all information given on this application is true. My parent/guardian or I accept responsibility for the equipment and its maintenance.

If applicant is under 18 years old, a parent/legal guardian must sign and assume full responsibility for the equipment.

Signature of Applicant Date

Parent/Legal Guardian (print)

Signature of Parent/Legal Guardian Date

PART II: CERTIFICATION OF HEARING STATUS

CERTIFIER: Please identify and verify that the applicant will benefit from the use of express telecommunication equipment. If you have any questions, contact us at: 303-866-2097 (V), 720-949-7457 (VP), 303-866-4831 (Fax), or joanne.hirsch@state.co.us.

Please note that the CCDHH TEDP staff does not certify applicants for this program.

The applicant's name (First, Middle, Last): _____

Check one:

S/He is Deaf Deaf Blind Hard of Hearing Late Deafened

Certifier Name _____

License Number _____

Name of Business _____

Address _____

City _____ **State** _____ **Zip** _____

Check one:

Licensed Physician Registered Audiologist Licensed Speech-Language Pathologist

Service Professional (public or private agency that serves deaf, hard of hearing, deaf-blind, and/or late-deafened individuals)

I attest that I am eligible to certify under the provisions of the law. I am aware of the extent of the applicant's hearing status that is consistent with the requirements of the program. The applicant can benefit from the requested equipment.

Signature of Certifier

Date

This program is funded by the Colorado Commission for the Deaf and Hard of Hearing (CCDHH) through the Colorado General Assembly enactment of House Bill 2002-1180 that amended C.R.S. Chapter 216, Article 26.21.106. Monies that are collected as a surcharge on each residential phone line in the state of Colorado by the Public Utilities Commission are distributed from the Disabled Telephone Users Fund.

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Please Type or Print (except for signatures) in blue or black ink.

**PART III: EQUIPMENT SELECTION** (must choose one telecommunications equipment)

**Step 1:** Choose **one** telecommunications equipment

Captioned Telephones:

- CapTel 840 ♦ *requires standard analog telephone line(s) (landline)*
- CapTel 840i ♦ *requires telephone service and high-speed Internet access*
- CapTel 2400i ♦ *requires telephone service and high-speed Internet access (touch screen)*
- CapTel 880i for low vision ♦ *requires telephone service and high-speed Internet access*
- Ensemble by Clarity ♦ *requires telephone service and high-speed Internet access*

Amplified Telephones:

- Amplicom PowerTel 720
- Clarity Alto
- Amplicom PowerTel 780
- Clarity XLC2
- Geemarc Ampli500
- Clarity Sempre (**for households with only cell phone service and no phone line**)
- Serene HD-50JV
- Geemarc BDP400

TTYs: Available upon request

**Step 2:** Choose **one optional** ring signaler (accessory) (cannot be ordered as a standalone)

- Sonic Alert SA 201
- Sonic Blink BL 300
- Serene RF-105 Loud Ringer
- Serene CA-CX and BS-100 (*cell phone sensor and bed shaker to be used with **Clarity Sempre***)
- Amplicom PT601 (*wireless wrist receiver only available with **PowerTel 720 or 780***)

**Step 3:** Choose **one optional** Headphone or Neckloop (accessory) (cannot be ordered as a standalone)

- Geemarc CLA3 Amplified Headset
- Geemarc T-Loop (amplified power neckloop with microphone)

If you are having trouble deciding, you may call the following vendors and/or visit one of the demonstration centers.

Weitbrecht Communications (for questions about CapTel phones): 800-233-9130 (TTY/voice), [www.weitbrecht.com](http://www.weitbrecht.com)

Teltex (for questions about amplified phones and TTYs): 888-515-8120 (TTY/voice), [www.teltex.com](http://www.teltex.com)

Local Colorado vendor: ADCO Hearing (Englewood, CO), 800-726-0851 (TTY/Voice), [www.adcohearing.com](http://www.adcohearing.com)

**Demonstration Centers** (please call ahead before visiting):

Assistive Technology Partners  
601 East 18th Avenue, Suite 130  
**Denver, CO 80203**  
303-315-1280

Sarah Burnett, Connections for Independent Living  
1331 8<sup>th</sup> Avenue  
**Greeley, CO 80631**  
970-352-8682

Angela Tenorio, The Independence Center  
729 South Tejon Street  
**Colorado Springs, CO 80903**  
719-471-8181, x121

Jenny Miller, Disabled Resource Services  
1017 Robertson Street, Unit B  
**Fort Collins, CO 80524**  
970-482-2700

Center for Independence  
740 Gunnison Ave.  
**Grand Junction, CO 81501**  
970-241-0315, x21