Application Order Form

APPLICATION ORDER #

All information listed on the application is confidential; however, name, address, and phone is provided to vendor for purpose of delivery. All questions, except those in shaded areas, are to be answered by the person who is ordering and will be using the equipment. If the person is a minor (under 18 years of age), a parent or guardian should list the answers for the minor (i.e. for question #1, put down the minor's name, not the parent's or guardian's name). If any answer is incorrect, inconsistent or left blank, the application process will be delayed and you may have to fill out additional forms. Please answer every question. Applicants for this program shall be afforded equal opportunity without regard to race, color, religion, national origin, political affiliation, disability, sex or age. Please allow 4 to 6 weeks to process the application.

1. **NAME:** _____
   LAST *FIRST* *MI*

2. **APPLICANT SOCIAL SECURITY NUMBER:** _____ -_____ -_____

3. **THIS APPLICATION IS:** Check "New" if you have never applied for or received TAP equipment before. Check "Renewal" if you received TAP equipment four or more years ago. Check "Exchange" if you received TAP equipment that you can no longer use due to changes in your hearing, speech and/or visual abilities (PROFESSIONAL CERTIFICATION REQUIRED). Check "Replacement" if you received TAP equipment and it has been damaged beyond repair due to natural causes such as lightning, power surges, etc. (DOCUMENTATION OF ATTEMPTS TO REPAIR BY THE COMPANY REQUIRED).

— TEAR HERE —

☐ **NEW** ☐ **RENEWAL** ☐ **EXCHANGE** ☐ **REPLACEMENT**

4. **BIRTHDATE:** _____/_____/_____

5. **MARITAL STATUS:**
   ☐ **SINGLE** ☐ **MARRIED** ☐ **LEGALLY SEPARATED**
   ☐ **DIVORCED** ☐ **WIDOWED** ☐ **A MINOR** (Parent must sign application)

6. **WHOLE FAMILY MONTHLY INCOME:** Put down the TOTAL dollar amount that you, your spouse, your children (and anyone else that you are legally required to support or that you claimed on your most recent income tax return) make in one month before taxes or other deductions (i.e. you make $1300 a month from work, your spouse gets $800 a month from a private pension plan and your child gets $100 from SSI: $1300 + $800 + $100=$2200 per month). PUT DOWN ONLY THE TOTAL AMOUNT. If you have non-preventative medical or dental expenses, please list on a separate piece of paper and submit it with this application. (VDDHH reserves the right to request proof of your income.)

   INCOME BEFORE TAXES: $_____

7. **TOTAL FAMILY SIZE (INCLUDE YOURSELF):** List the number of people that you are legally required to support or that you claimed on your most recent income tax return. BE SURE TO COUNT YOURSELF! (i.e. you have a spouse and three children: 1 + 3 + yourself=5). If you did not fill out a tax return, count the number of relatives living with you.

   TOTAL FAMILY SIZE (INCLUDE YOURSELF): _____

8. **IS YOUR INCOME FROM PUBLIC ASSISTANCE ONLY?** Check "Yes" if all your income is ONLY from public assistance. Check "No" if your income is from other sources. Public assistance includes: Temporary Assistance to Needy Families (TANF); Social Services Auxiliary Grants to the aged, blind or disabled; Medical Assistance; Food Stamps; General Relief; and Fuel Assistance.

   ☐ **YES** ☐ **NO**

9. **HOME ADDRESS:** Print your complete home address that you use for regular mail.

   HOME ADDRESS (regular mail/letters)

   STREET ADDRESS:

   _____

   _____

   CITY *STATE* *ZIP CODE*

   The agency has an electronic newsletter. If you would like to be added please check the box.

   ☐ **ADD MY NAME TO AGENCY EMAIL LIST – MY EMAIL ADDRESS** _____

10. **SHIPPING INFORMATION:** Your equipment will be shipped to your local Outreach Specialist. The Outreach Specialist will contact you to schedule delivery and hook-up. Please contact VDDHH if special arrangements need to be made.

11. **TELEPHONE NUMBERS:**

    HOME: ( ) _____-_____ ☐ **TTY** ☐ **VOICE**

    WORK: ( ) _____-_____ ☐ **TTY** ☐ **VOICE**

    OTHER: ( ) _____-_____ **WHO/WHAT?** _____

12. **PROOF OF RESIDENCY:**

    Include one of the following documents with your application as proof of residency in Virginia:

    A copy of a current lease or deed for a domicile in Virginia or a recent utility bill for a residence in Virginia.

    Documents must be in the name of the applicant, the applicant's spouse or the applicant's legal guardian. Other documentation will be considered on a case-by-case basis.

14. APPLICATION CERTIFICATION:

I Certify:

1. All information on this application is true.
2. I live in Virginia. I have included proof of residency with this application.
3. I am deaf, hard of hearing, DeafBlind, hearing-visually disabled or speech disabled.
4. "Your whole family monthly income" (Question #6) is the total gross monthly income my family earns in one month.

I Understand:

1. VDDHH may request proof of my whole family monthly income and I will provide it if requested.
2. If any information on this application is not true I will have to give all equipment back to VDDHH.
3. I accept responsibility for the machines, including repair and maintenance costs.
4. I accept responsibility for all of my telephone bills.
5. Name, address, and phone number are provided to vendor and agency Outreach contractors for purpose of delivery.

If you are not registered to vote where you live now, would you like to apply to register to vote? (Please check only one.)

- ☐ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application.
- ☐ Yes. I would like to apply to register to vote. (Please send me the voter registration application form.)
- ☐ No. I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not** to register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will keep it confidential, and it will be used only for voter registration purposes.

APPLICATION SIGNATURE: _____ **DATE:** ___/___/___

PARENT OR GUARDIAN: _____ **SOC SEC#** ___-___-____ **DATE:** ___/___/___
Parent must sign if child is a minor.

15. PROFESSIONAL CERTIFICATION:

If new or exchange application (see # 3), take this application order form to any of the professionals listed in this section. They must fill out the section completely, certify your hearing loss, speech and/or visual disability, and return the application to you. VDDHH must approve a professional not listed in this section. If renewal or replacement application (see # 3) - skip to # 16.

- ☐ Doctor (licensed physician)
- ☐ Audiologist
- ☐ Speech Pathologist
- ☐ VDDHH Outreach Specialist
- ☐ AAA (Aging) Representative
- ☐ School Rep.
- ☐ DRS or DBVI Rep.
- ☐ Hearing Aid Specialist
- ☐ VDDHH TAPLoan Representative
- ☐ Other appropriate agency Rep. (check withVDDHH)

Above Consumer is (please Check One):

- ☐ Deaf
- ☐ Hard of Hearing
- ☐ Speech Disabled
- ☐ Hearing-Visually Disabled
- ☐ DeafBlind
- ☐ Other

Please Print.

I certify that this applicant is "Deaf," "Hard of Hearing," "Hearing-Visually Disabled," "DeafBlind," or "Speech Disabled".

Name of Certifying Person: _____ Title: _____

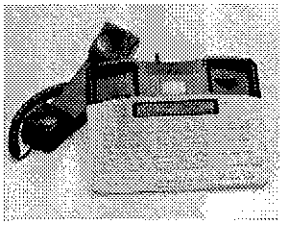
Name of Agency: _____ State Lic. # (if applicable): _____

Address: _____ Day Phone Number: (____) _____

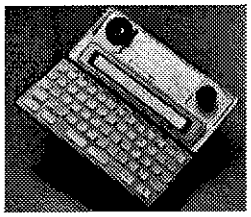
_____ Date: _____/_____/_____

16. EQUIPMENT DESCRIPTION:
Check (✓) one box from this section for the TTY, Amplifier or VCO (or HCO) Phone that you want:
(Costs may vary. Contact VDDHH for more information.)

☐ **ULTRATEC-SUPERPRINT 4425A TTY**
Adjustable Type Printer, ASCII, Turbo Code, and Auto Answer
(Contract Cost $305.00)



☐ **ULTRATEC - UNIPHONE 1140**
A Telephone and TTY all in one with Auto Answer
(No Printer) Has VCO and HCO Capabilities.
(Contract Cost $203.00)



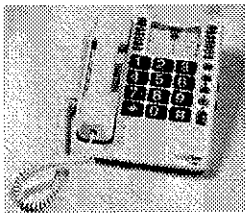
☐ **ULTRATEC – COMPACT TTY**
Portable TTY with ASCII
2-line, 40-Character Display
Cellular Compatible
(Contract Cost $255.00)

For Speech Disabled Customers Only

☐ **SPEAKERPHONE**

☐ **SPEECH AMPLIFIER**
Amplifies outgoing voice

☐ **TTY WITH LARGE VISUAL DISPLAY**
ASCII Printer Auto Answer
(For Hearing-Visually Disabled Customers Only)
(Contract Cost $488.95)



☐ **AMPLIFIED TELEPHONE**
Telephone amplifies incoming voice up 35 dB.
Built-in amplified ringer.
(Contract Cost $56.00)

☐ **AMERIPHONE - DIALOGUE VCO**
"Read & Talk" phone;
no keyboard
Voice Carry Over telephone
(Contract Cost $136.40)

☐ **AMPLIFIERS**
☐ Battery Powered In-line
☐ Electric Powered In-line
☐ Portable

☐ **SPECIAL NEED/REQUEST:** If you are in need of telecommunications equipment not listed on this application, please attach documentation of need and of the equipment desired. VDDHH will consider alternative requests but does NOT commit to purchase.

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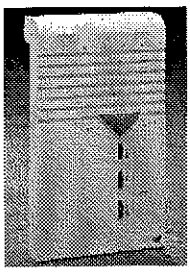
17. EQUIPMENT DESCRIPTION:
Check (✓) one box from this section for the Signaler that you want:
(Costs may vary. Contact VDDHH for more information.)

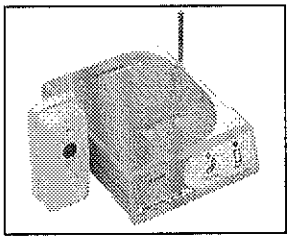
For DeafBlind Customers Only

☐ Tactile Signaler for use with AM6000

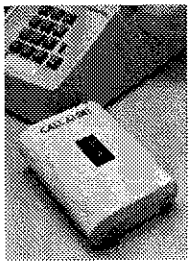
☐ Trine Doorbell



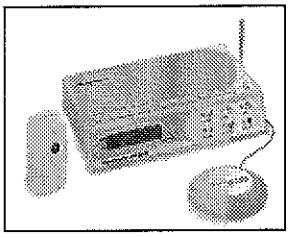
☐ **AUDIBLE RINGER FOR TELEPHONE**
Ringmax (Cost $29.99)



☐ **AMERIPHONE-ALERTMASTER 100**
Light Flasher for Telephone and Doorbell (No Remote)
(Contract Cost $61.60)



☐ **VISUAL SIGNALER FOR TELEPHONE**
Call Alert (Cost $32.00)



☐ **ALERTMASTER 6000**
Light flasher and bed shaker for Clock, Telephone and Doorbell (Remote included)
(Contract Cost $151.80)