

**Maine Center on Deafness
Telephone Equipment Program (TEP)
APPLICATION FORM**



Return application to:

Maine Center on Deafness
68 Bishop St., Suite 3
Portland, ME 04103

800/639-3884 VOICE/TTY
207/797-9791 FAX
866/680-9674 Videophone

Email questions to:
sjwing@mcdmaine.org
www.mcdmaine.org

Please complete the following information:

Name:			
Mailing Address:			
Street Address:			
City:	State:	Zip Code:	
Tel #:	Tel Type: TTY VP CapTel	Date of Birth:	
E-Mail:			
Other contact information:			
Live alone? Please circle answer: YES NO How many people in your household?			

THIS PROGRAM OFFERS THREE ELIGIBILITY OPTIONS, BASED ON YOUR INCOME. If you don't know how your income compares with federal guidelines, it is OK to check off more than one option below. Total household income will determine which program option you qualify for. **NOTE: We cannot process your application without collecting income documentation for you and all members of your household.**

I want to apply as a **LENDING** client. My income is **220% or less** of federal guidelines. Equipment is **LOANED** to me at no charge for as long as I need it. I agree to share documentation of all household income with MCD in order to determine eligibility.

I want to apply as a **COST-SHARE** client. My income is **over 220%** of federal guidelines. Equipment is **SOLD** to me for a one-time sliding scale fee of \$50, \$75, or \$150 plus tax. I agree to share documentation of all household income with MCD in order to determine eligibility.

I want to be a **DIRECT PURCHASE** customer. I do not wish to share my financial documentation, but would like information on purchasing the equipment I need at discounted prices.

For MCD use only:

Documentation Included: Proof of Income \$ _____ Annual
 Doctor's Statement
 Complete Information (phone number, DOB, Address)
 Application Signed

Entered into database by: _____
 Date: _____

Equipment: _____ Shipped on: _____
 circle one: **Lending** **Cost Share** **Direct Purchase**

ENS and/or Database updates complete: **Yes** By: _____ Date: _____

INCOME INFORMATION

PLEASE PROVIDE PROOF OF INCOME FOR YOU, AND ALL PEOPLE LIVING WITH YOU

(copy of bank statement, W-2 form, current year IRS tax return, pay stub, SSI award letter, copy of SSI check, etc.)

Number of household/family members (include yourself): _____ Number of dependent children: _____

Dependent children ages: _____

Your income: _____ weekly monthly annual

Spouse's income: _____ weekly monthly annual

INFORMATION ABOUT YOU

We ask lots of questions, so we can match equipment to your needs

Do you consider yourself:

- Deaf (prefer sign language)
- deaf (prefer written/spoken English)
- Hard of Hearing, circle: MILD, MODERATE, SEVERE
- Late-Deafened

Do you have:

- Mobility Disability
- Vision Loss, circle: MILD, MODERATE, SEVERE
- Speech Impaired
- Intellectual Disability
- Other: _____

Please check difficulties you have:

- Hearing other people on the phone
- Hearing the phone ring
- Seeing the numbers/buttons on the phone
- Holding the phone with one or both hands
- Walking/getting to the telephone
- Speech disability
- Speaking loudly enough to be heard on the phone
- Reading English
- Typing English
- Other: _____

Do you use hearing aids?

- Yes No If Yes, do they have a telecoil T-switch? Yes No

Would you be interested in knowing what resources are available to help with getting hearing aids?

- Yes No

Other difficulties you have when using the phone:

Phone Types:

- Amplified Phone**
Corded or Cordless- circle one
- Large Button Phone**
- Dial-by-Picture Phone**
- Braille "Talk Back" Phone**
- High-Contrast Button Phone**
- Built-In Amplified Answering Machines**
- TTY and Q90 HCO Machines**

Phone Equipment Options

Please check off the options that you are interested in

Accessories can be Included:

- Flashing signaler and loud ringers for all phones
- Flashing signaler system for Videophones
- Surge protectors

Available Telephone Features:

- Hearing Aid Compatible**
- Speakerphone**
- Neck Loop Compatible**
- Caller ID (requires service from your phone company)**
- Voice-Activated**
- Memory Dial**

CapTel Captioned Telephone

- Analog (Fairpoint or similar)
- Digital (internet-based phone, like Time Warner)
- USB CapTel to connect to computer screen

Contact MCD for advice on which phone is best for you

**Need a feature or function that isn't listed here?
Have questions about the application process?**

**Please contact us at: 800/639-3884
email: info@mcdmaine.org**

How did you learn about this program?

Advertisement: _____ Public Event: _____

Caregiver: _____ Other: _____

MCD Newsletters are full of important and useful information.

Would you like to be added to the newsletter mailing list? Yes No

Would you like to be on mailing list for the Division for Deaf, Hard of Hearing and Late-Deafened?

Yes No

Would you like to be listed in Maine's TTY/Videophone/E-mail Directory?

Yes No

WHEN YOU BORROW EQUIPMENT UNDER THE LENDING PROGRAM YOU MUST:

- ✓ Agree not to lease, sell, give away, or allow a lien or mortgage to be placed upon the equipment during the loan
- ✓ Agree to provide adequate insurance to cover loss against fire, theft, or other happenings
- ✓ Agree to keep the equipment in good condition and avoid damage
- ✓ Agree to inform Maine Center on Deafness if the equipment breaks down
- ✓ Agree not to remove or permit another person to remove equipment from the State of Maine without written permission from the Maine Center on Deafness
- ✓ Agree to keep monthly service plan current on all one-way and two-way pagers
- ✓ Agree to return the equipment to the Maine Center on Deafness on request

RELEASE

I give Maine Center on Deafness permission to discuss this application and my equipment needs with the following people: FAMILY CAREGIVER DOCTOR FRIEND

Name(s) and phone number(s), please print: _____

By signing this application, I acknowledge the above program requirements, and that all information provided is complete and true.

Signature: _____ Date: _____

PROOF OF DISABILITY

TO BE FILLED OUT BY PHYSICIAN, AUDIOLOGIST, OR OTHER MEDICAL SPECIALIST

As a physician, audiologist or other medical specialist, I certify that the applicant is D/deaf, Hard of Hearing, Late-Deafened, has a speech disability, physical disability, intellectual disability or other medical condition that interferes with his/her ability to use standard telecommunications equipment.

Name (please print): _____

Address: _____

Telephone Number: _____ **Fax:** _____

Signature: _____ **Date:** _____

MCD Newsletter for your waiting room!
<input type="checkbox"/> yes please!
<input type="checkbox"/> maybe later

Note: A copy of a signed audiogram or a diploma from a school for the Deaf or blind is acceptable in place of a physician's statement. **Save yourself a trip to the doctor!** A signed note from your doctor, audiologist or other medical specialist can be faxed, emailed or mailed directly to MCD, instead of obtaining a signature on this form.

DON'T FORGET TO GIVE US:

- Proof of income for yourself, and all members of your household or family (bank statement, W-2, tax return, SSI letter, etc.)
- Physician's note or other proof of disability - can be sent or faxed to us separately
- Completed application form that includes your date of birth, and signature
- Name and phone number or email of someone we can talk to about your application: family member, case manager, caregiver, friend, medical provider, etc.

Some popular phone choices:



Serene cordless phone offers up to 55 dB of adjustable amplification

- Features large, easy to read buttons, Caller ID, back-lit keys, talk-back key pad
- Hearing Aid compatible
- Flashers built into handset and base



Clarity Pro C4230 cordless phone offers up to 50 dB of adjustable amplification

- Full-duplex speaker phone in handset and base
- Digital answering machine with adjustable-speed playback
- Hearing Aid compatible, Caller ID, Flashers built into handset and base



Clarity XL50 offers up to 60 dB of adjustable amplification

- Large, back-lit buttons
- Built-in loud ringer, flasher
- Hearing Aid compatible
- Memory dial



CapTel captioned phone provides word-for-word text of what the other person is saying!

- Caption service is FREE
- Built-in Caller ID
- Hearing Aid compatible
- Up to 35 dB of amplification
- Analog or Digital line options
- USB CapTel can be connected to a computer to display the captions on a large screen

Contact MCD for more information on CapTel phones

Not sure what phone is best for you?

Don't worry!

MCD staff will use the information on your application to select the best phone for your needs. We have many options to choose from. If we have questions, we will contact you.



Dial-by-Photo Memory Buttons

- Large, back-lit buttons
- Up to 40 dB of amplification
- Hearing Aid, telecoil compatible
- Helpful for people with memory loss



Q90 TTY offers calling for people who cannot speak, and who need to type their side of the conversation

- Connects to cell phones for wireless operation
- Optional speakers and printer



Traditional TTY for people who cannot speak or hear

- Operates on standard phone lines- important for 911 calls