



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 landline 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.
- 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 mail it with the required support documents to:

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

VP: 720-949-7457 Voice: 303-866-2097 Fax: 303-866-4831
E-mail: tedp.ccdhh@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: _____ VP Voice Other

E-mail address: _____

Date of Birth: _____

Gender: Male Female

Hearing Status: Deaf Deaf-Blind Hard of Hearing Late Deafened Other

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. I am a resident of Colorado and am unable to use a regular telephone without adaptive telecommunication equipment. 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 ACUITY

CERTIFIER: Please identify and verify that the applicant will benefit from the use of express telecommunication equipment based on his/her hearing acuity. If you have any questions, contact us at: 720-949-7457 (VP), 303-866-2097 (V), 303-866-4831 (Fax), or tedp.ccdhh@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 disability 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** (see attached Equipment Descriptions form)

Choose **one** (optional) ring signaler:

- Sonic Alert SA 201
- Sonic Alert TR 100
- Sonic Blink BL 300

Choose **one** telecommunications equipment:

Captioned Telephones:

- Ultratec CapTel 800 ♦ *requires standard analog telephone line(s)*
- Ultratec CapTel 800i ♦ *requires telephone service and high-speed Internet access*

Amplified Telephones:

- Clarity XL40D
- Clarity Professional C4205
- Clarity XL50
- Geemarc Ampli500
- Clarity HA40 ♦ *portable telephone handset amplifier*

TTYs:

- Ultratec Uniphone 1140
- Ultratec Superprint 4425

The TEDP Coordinator **cannot** make the selection of equipment for you. If you are having trouble deciding, you may call our vendors and/or visit one of our demonstration centers.

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

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

**Demonstration Centers:**

- Assistive Technology Partners  
601 East 18th Avenue, Suite 130  
Denver, CO 80203  
303-315-1280  
800-255-3477
- Heather Lyons  
Assistive Technology Partners  
Southeast Technical Assistance Center (SETAC)  
4825 Lorna Place  
Colorado Springs, CO 80915  
719-380-6229
- Denice Roberts  
Assistive Technology Partners  
Western Slope Technical Assistance Center (WesTAC)  
Mesa County Workforce Center  
2897 North Avenue, Modular 3A  
Grand Junction, CO 81501  
970-248-0876