



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 Home Phone Equipment

This is an application for qualified citizens to receive telecommunications equipment.

Please make sure all of this information is completed before you send your application.

Send copies of your documents. *Do not send originals.*

COMPLETE THE FOLLOWING ITEMS:

- Proof of Colorado Residency – provide a copy of your valid driver's license or state ID card.
- Proof of Phone Service – provide a copy of your home or cell telephone bill (**first page of bill or downloaded copy**). If the name on the bill is not the same as the applicant's name, please include a note explaining shared service.
- Proof of Annual Gross Income – provide the front page of your federal income tax return and a copy of your social security award letter (if receive social security), as an example. In order to qualify, the applicant's household 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. (page 8)
- 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, Communications Technology Program Manager

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

I learned about TEDP from: _____

Do you currently have: Amplified Phone Captioned Phone

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** _____

Phone _____ **Email** _____

Check one:

Licensed Physician Registered Audiologist Licensed Speech-Language Pathologist Service Professional (public or private agency that serves deaf, hard of hearing, deaf-blind)

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

**Amplified** Telephones:

Corded:

- Clarity Alto
- Geemarc Ampli550
- Serene HD-50JV (low vision)
- Amplicom PowerTel 780 (corded and cordless)
- Clarity Alto Plus (with Caller ID)
- Geemarc BDP400 (low vision with Caller ID)

Cordless:

- Panasonic KX-TGM450S (with extra handset)
- Clarity XLC2
- Clarity XLC3.4+ (with Caller ID)
- Clarity XLC3.4+ Combo (Caller ID plus extra Handset)

**Bluetooth-Enabled** Amplified Telephones (**for households with Bluetooth-enabled cell phone service and/or home phone line**):

- Clarity BT914 (cordless)
- Serene HD-70 (corded)
- Panasonic KX-TGM430B (with extra handset)

**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*

**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 (*works with home phone and/or cell phone; includes bed shaker*)
- Amplicom PT601 (*wireless wrist receiver only available with **Amplicom** 720*)

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

- Geemarc CLA3 Headset
- Clearsounds CS-CLA7V2 (Neck Loop with microphone for T-Coil hearing aids)

**Step 4:** **Optional** Answering Machine (cannot be ordered as a standalone)

- Amplicom AB900

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

Assistive Technology Partners  
1201 5<sup>th</sup> Street, Suite 240  
**Denver**, CO 80204  
(303) 315-1284

The Independence Center  
729 South Tejon Street  
**Colorado Springs**, CO 80903  
(719) 471-8181

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

Disabled Resource Services  
Jenny Miller  
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, x29

# The Colorado Telecommunications Equipment Distribution Program (TEDP)

## EQUIPMENT DESCRIPTIONS



Commission for the Deaf & Hard of Hearing  
**JoAnne Hirsch**, TEDP Coordinator  
1575 Sherman Street, Garden Level  
Denver, CO 80203

303-866-2097 (Voice)  
720-949-7457 (VP)  
303-866-4831 (Fax)  
[joanne.hirsch@state.co.us](mailto:joanne.hirsch@state.co.us)  
[www.ccdhh.com](http://www.ccdhh.com)

## RING SIGNALER ACCESSORIES

### Light Signaler

#### SONIC ALERT SA201

Alerts you by flashing any lamp that is plugged into its Plug-outlet.



#### SONIC BLINK BL300

This built-in high intensity strobe light projects 360° when flashing to eliminate blind spots. It's perfect for places where a lamp is normally not used.



*Included Sonic Ring Elite TR75VR*

#### Serene CA-CX, BS-100

For home phone and/or wireless device. Includes bed shaker.



### Sound Signaler

#### SERENE RF-105 LOUD RINGER

This Loud Ringer and Flasher alerts you that your telephone is ringing with a super loud adjustable volume.



### Vibrating Signaler

#### AMPLICOM PT601

This wireless wrist receiver works ONLY with the Amplicom PowerTel 780. It vibrates when there's an incoming call, answers phone in speakerphone mode at a press of a button, includes an emergency button to dial certain numbers and splash (water) proof.



## CAPTIONED PHONES

Captioned phones allow users to listen to the caller through the amplified handset and read the written captions in the LCD window.

### CAPTEL

**840**—requires standard analog telephone line (landline); calls initiated will be captioned; when receiving a call, your caller must dial a toll-free number first and then enter your number



**840i**—requires telephone service AND high-speed internet; all calls made and received will be captioned

**880i FOR LOW VISION**—requires telephone service AND high-speed internet; extremely large, 10" caption window; all calls made and received will be captioned



**2400i**—Touch Screen; requires telephone service AND high-speed internet; all calls made and received will be captioned; Speakerphone



- Amplification up to 40dB with volume boost
- Adjustable tone and volume control
- Ability to review captions during or after a call
- Captioned messages on answering machine



# Low Income Guidelines for Colorado Residents

To qualify and receive telecommunication equipment, the applicant's income must be less than 300% of the Federal Poverty Level (FPL) Guidelines based on family size as indicated by the United States Department of Health and Human Services.

Below is the 300% FPL for Colorado:

| Persons in Family                       | Colorado  |
|-----------------------------------------|-----------|
| 1                                       | \$36,420  |
| 2                                       | \$49,380  |
| 3                                       | \$62,340  |
| 4                                       | \$75,300  |
| 5                                       | \$88,260  |
| 6                                       | \$101,220 |
| 7                                       | \$114,180 |
| 8                                       | \$127,140 |
| Families with more than 8 persons, add: | \$12,960  |