Dear Applicant:

Attached is the TDAP application for requesting telephone equipment for persons who are unable to use the basic telephone network without an assistive device. To ensure that your application is complete, please refer to the Check List below.

As soon as we receive and review the completed application, and once it is approved for device distribution, we will ship your requested device(s) to the address you have provided. You should receive your device(s) in approximately two to three weeks.

If you have questions about this application or the program, please contact us at:

Phone: 1-800-342-8359 or 615-741-2904
TTY: 1-888-276-0677
Fax: 615-741-8953
E-mail: TDAP.TRA@TN.GOV

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Check List

_____ Applicant Information         _____ Shipping Address
_____ Contact Person (If applicable) _____ Proof of Residency
_____ Proof of Income            _____ Training Need
_____ Equipment Need           _____ Professional Certification
_____ Terms & Conditions

Have you submitted a TDAP application with this program before?

_____ Yes   _____ No   If yes, what year ________
Applicant Information:

1. NAME: __________________________________________, __________________________, _____
   Last           First     MI

2. Address (Physical location for shipping purposes):
   __________________________________________________________
   Number                               Street
   __________________________________________________________
   City                                 State      Zip Code

3. Address (P.O. Box if available):
   __________________________________________________________
   P.O. Box
   __________________________________________________________
   City                                           Zip Code

4. Telephone Numbers:
   Day: (____) ________-______________ Evening: (____) ________-______________
   Cell: (____) ________ -______________ E-mail: _______________________________

   Name and telephone number of a contact person:
   __________________________________________________________ (____)________-________________

5. Social Security Number: __ ____ - ____ - ____ ____ ____

6. Birth Date: _______/ _____ /__________
   (Month)       (Day) (Year)

7. Ethnic Background & Gender (Optional): This section is for statistical purposes only and will not be used to determine eligibility for this program.
   _____ African-American (Black)       _____ Caucasian (White)          _____ Male
   _____ American-Indian                  _____ Hispanic                       _____ Female
   _____ Asian/Pacific Islander           _____ Other __________

8. Proof of Residency: To be eligible for this program, you must be a resident of Tennessee. Please attach a copy of one (1) of the following documents (The address on the documentation must reflect your current street address):
   ➢ State of Tennessee drivers license or photo identification
   ➢ Any other official documentation (e.g., Utility Bill, lease agreement, etc.)
   ➢ If you live in an assisted living facility or a nursing home, a letter on that facility’s letterhead stating that you reside there.
9. **Proof of Income:** Equipment will be issued on a first-come, first-serve basis. Priority will be given to those with the greatest financial or social need. The factors below may also be used to establish a waiting list in the event of an overwhelming number of applications. You only need one (1) to qualify:

CHECK ONE (1) and attach the appropriate documentation.

☐ Receive federal or state public assistance (e.g., SNAP letter, Annual Social Security Statement)

☐ Gross family income (e.g., Check stub, W-2 Form)

☐ Applicant qualified for Lifeline Telephone Assistance Programs

☐ Other unique circumstances for special consideration not covered above (Please explain below and provide appropriate documentation).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Disability Needs:** Please check the boxes that correspond with your assistive need(s).

**I am Hard of Hearing and need a:**
- □ Amplified Phone
- □ VCO phone (Voice Carry Over)
- □ Cap-Tel phone (Captioning Text)
  - □ 840
  - □ 840i (must have high speed internet)

**I am Deaf/Deaf-Blind and need a:**
- □ TTY
- □ TTY with a Large Visual Display
- □ Braille TTY
- □ VCO phone

**I have a speech disability and need a:**
- □ TTY
- □ HCO phone (Hearing CarryOver)
- □ voice-amplifying phone
- □ Speech-generating device Example: (Sero Phone, Dynovox, Speech Easy)
  (Please specify: _____________________________)

**I have a mobility disability and need a:**
- □ Hands-free phone
- □ Headset
- □ Phone with memory dial
- □ Receiver adapter to aid in holding or gripping the receiver
- □ Phone with large buttons
- □ Hands-free phone with speech recognition
- □ Speakerphone

**I am blind or have poor vision and need a phone with:**
- □ Tactile markings on the phone
- □ Braille on the phone
- □ Memory dial
- □ Large buttons
- □ Large display
- □ Voice-activation capability

**I have a cognitive impairment and need a:**
- □ Picture phone
- □ Memory dial
- □ Large buttons
- □ Large display
My needs were NOT ADDRESSED above. I am in need of the following (Please list):

_____________________________________________
_____________________________________________
_____________________________________________
_____________________________________________

Specifically Requested Device(s):

_____________________________________________
_____________________________________________
_____________________________________________

Terms & Conditions:

Applicants must:
Be a resident of Tennessee
Be unable to use a telephone without benefit of an assistive telephone device
Have a telephone line in the home

Applicants will be responsible for:
All telephone bills and other related charges incurred
The repair and maintenance of the device(s)

Applicants are required to return the devices to the TDAP program if they:
Move from Tennessee
Lose telephone service permanently
Abuse the device, or
No longer need the device(s)

Note: Applicants whose needs change may contact TDAP to qualify for an appropriate exchange of device(s) upon proper certification.

Applicant certifies that all information on this application is true to the best of their knowledge, and will notify TDAP of any changes.

Signature _______________________________ Date __________

Parent/Guardian Signature _______________________________ Date __________
(Parent/guardian signature is required if the applicant is a minor.)
Professional Certification – This section is to be completed by a Tennessee licensed medical provider of the applicant. For example: a doctor, nurse, audiologist, speech pathologist, etc. This section also may be completed by a licensed social worker, rehabilitation counselor, or assistive center director with knowledge of the applicant’s condition and appropriate documentation.

Name of applicant being certified:

________________________________________,  ___________________________,  _______

Last      First     MI

Applicant is (Please check each that applies):

_____ Deaf   _____ Hard of Hearing  _____ Speech Impaired
_____ Vision Impaired  _____ Cognitive  _____ Mobility
_____ Other (Specify): ____________________________________

I certify that I am a: ___________________________________________________

I certify that the above named applicant has the condition(s) described above and that it/they restrict(s) his/her use of a telephone without the use of a:

________________________________________________________________________

(Equipment type

Certifier’s contact information and license number:

Name: _________________________________________________________________

(Please print legibly)

Telephone Number: (____) ______ - ________

Address:  _____________________________________

_____________________________________

Signature: _____________________________________ Tenn. Lic. No. ____________

If assistance has been provided with application, please complete:

Name of preparer __________________________ Relationship __________________

Telephone: (_____) _______ - ________

Address:  ______________________________________________________________________

Number   Street

State    Zip Code