



PLEASE MAIL, FAX, OR SCAN AND EMAIL TO:

TENNESSEE PUBLIC UTILITY COMMISSION

502 DEADERICK STREET, 4TH FLOOR

NASHVILLE, TENNESSEE 37243

Telecommunication Devices Access Program (TDAP)

(TDAP APPLICATION)

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

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: **I also need a notification device:**

- Amplified Phone
- VCO phone (Voice Carry Over)
- Cap-Tel phone (Captioning Text)
- _____ 840
- _____ 840i (must have high speed internet)
- Amplified Ringer

I am Deaf/Deaf-Blind and need a: **I also need a notification device:**

- TTY
- TTY with a Large Visual Display
- Braille TTY
- VCO phone
- Flashing Telephone ring signaler
- Vibrating Telephone Ring Signaler

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