

# Tennessee Public Utility Commission Telecommunications Devices Access Program (TDAP)

502 Deaderick Street  
4th Floor  
Nashville, TN 37243  
615-741-2904 or 1-800-342-8359  
Attn: TDAP

Applications should be mailed to the above address or faxed to 615-741-8953.

## TDAP Application

**Applicant First Name**

**Applicant Last Name**

**Applicant Street Address**

**Applicant City**

**Applicant State**

**Applicant Zip Code**

**Applicant County**

**Applicant Phone Number**

**Applicant Email Address**

**If the Shipping Address Is Different from the Applicant's Mailing Address**

**Alternate Shipping Street Address**

**Alternate Shipping City**

**Alternate Shipping State**

**Alternate Shipping Zip**

**Contact Person Name**

**Contact Person Phone Number**

**Assistive Needs For (please choose one)**

- ☐ Hard of Hearing
- ☐ Deaf
- ☐ Speech
- ☐ Mobility
- ☐ Blind/Vision
- ☐ Cognitive

**Proof of Residency:** To be eligible for assistive devices, you must be a Tennessee resident. Please provide one (1) of the following documents. The address on the documentation must reflect your current address.

- Official documentation, such as utility bill, lease agreement, etc.
- State of Tennessee driver license or photo identification
- If you live in an assisted living facility or a nursing home, a letter on that facility's letterhead stating that you reside there.

**Proof of Physical and Financial and/or Social Need:** Assistive devices will be issued on a first-come basis. In the event of an overwhelming number of applicants, priority will be given to those with the greatest physical and financial and/or social need. Please submit one of the following:

- Receiving of federal or state public assistance (SNAP, SSI, TANF, Medicaid, or Federal housing, Low Income Heating, etc.)
- Total gross family income that proves to be 125% below the poverty level (pay stub or W-2 form)
- Presence of a serious physical, medical, or cognitive impairment (as verified by licensed medical provider)

**Equipment Information:**

Please Select One Assistive Device (wireline or wireless)

**Wireline**

Amplified Phone

TTY

Speech-generating device (True Tone EMOTE)

Hands-free Phone

Phone with Memory Dial

Phone with Large Buttons

Speakerphone

Tactile Markings on the Phone

Braille on the Phone

Memory Dial

Large Buttons

Large Display

Voice-activation capability

Picture Phone

Other

**Please Select Corded or Cordless Wireline Device**

☐ Corded    ☐ Cordless

**OR**

**Wireless Equipment - Wi-Fi Only**

- ☐ iPad Wi-Fi Only
- ☐ iPad mini Wi-Fi Only

**Wireless Equipment - 4G Device (Requires a 4G service plan from a wireless telecommunications provider)**

- ☐ iPad 4G
- ☐ iPad mini 4G
- ☐ iPhone 4G

**The iPad and iPhone Will Access Telecommunications Via**

- ☐ IP T-Mobile Relay
- ☐ Video Relay Service Apps (Ex: Convo, Purple P3, Sorenson nTouch, ZVRS Z5)
- ☐ Captioned Telephone Service Apps (Ex: ClearCaptions, InnoCaption, Hamilton CapTel)
- ☐ Video Call Apps (Ex: FaceTime, Skype, Glide)
- ☐ Alternative Augmentative Communications (AAC) Apps (Ex: Proloquo2Go, TouchChat HD) Speech
- ☐ Generating Apps (Ex: Speak4Me)
- ☐ Email and/or Messages
- ☐ Additional Information Needed on How to Access Telecommunications

**TERMS AND CONDITIONS**

Applicants must:

- Be a resident of Tennessee
- Be unable to use the telephone without benefit of an assistive telephone device as verified by a care giver licensed to practice in Tennessee
- Have telephone service
- Applicants are responsible for:
  - All telephone bills and related charges
  - The repair and maintenance of the device(s)
- 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.

**TDAP Public Records Notice**

Notice: Please be advised that in accordance with the Tennessee Public Records Act, compiled in Title 10, Chapter 7, Part 5 of the Tennessee Code, your application constitutes a public record. As an agency of state government, the Tennessee Public Utility Commission is required to make public records available to any Tennessee citizen. As such, your application and any documentation that you provide, except personally identifying information, will be available for public inspection at the Commission's Docket Office and produced upon receipt of a public records request. Examples of personally identifying information include your address, email, and phone number(s). Such information is not subject to disclosure and will be redacted or destroyed.

Applicant Confirms Ability to Utilize an Assistive Communication Device Effectively

☐ Confirm

**TDAP Signatory Affirmation**

**Your Full Name**

**Date**

-----

-----

By submitting this application, I affirm that all information is correct and complete to the best of my knowledge and that I will notify TDAP of any changes to the information provided herein.

**Relationship to Applicant:**

☐ I am the applicant.

☐ I am the parent or legal guardian of the applicant.

# Tennessee Public Utility Commission

## Telecommunications Devices Access Program (TDAP)

502 Deaderick Street  
4th Floor  
Nashville, TN 37243  
Phone: 615-741-2904 or 1-800-342-8359  
Fax: 615-741-8953

### Professional Certification of TDAP Application

This application must be certified by a TN licensed professional providing care or assistance to the applicant. For example: doctor, nurse, audiologist, speech pathologist, or a licensed social worker.

**Last Name of Applicant Being Certified**

**First Name of Applicant Being Certified**

**Middle Initial of Applicant Being Certified**

**Assistive Needs For**

- ☐ Hard of Hearing    ☐ Deaf/Deaf-Blind    ☐ Speech    ☐ Mobility  
☐ Blind/Vision    ☐ Cognitive    ☐ Other

**Licensed Certifier Last Name**

**Licensed Certifier First Name**

**Licensed Certifier Phone Number**

**Licensed Certifier Address**

Address 1

City

Address 2

State

Zip

☐ **By Checking Yes, I Am Attesting That I Am Licensed**

**Tennessee License Number**

**I Certify That The Above Named Applicant Requires An Assistive Device In Order To Use Telecommunications Services.**

**Print Your Full Name**

---

**Signature**

Please digitally sign or sign and scan the form