

TDDP

Pennsylvania's Telecommunication Device Distribution Program

Application Packet



**It may be
the answer to your
telecommunication needs.**

TDDP is implemented by Pennsylvania's Initiative on Assistive Technology (PIAT), a program of the Institute on Disabilities at Temple University, in conjunction with the PA Office of Vocational Rehabilitation (OVR) and the PA Public Utility Commission (PUC).

rvsd. Feb.1, 2018

PENNSYLVANIA'S INITIATIVE
PIAT
ON ASSISTIVE TECHNOLOGY

TEMPLE
UNIVERSITY®
Institute on Disabilities

TDDP Application Form

Your eligibility will be determined when you have submitted a completed application and all documentation. To avoid delay, please type or print clearly and make sure all sections of the application have been completed. If questions do not pertain to you, write "N/A" in the space provided.



We strongly encourage you to try equipment first.
Have you had a phone demonstration or borrowed a phone to try?
You CANNOT exchange TDDP equipment after you receive it.



Please contact your Assistive Technology Resource Center (ATRC) (see ATRC list) to schedule an equipment demonstration or to request a short-term loan.

Please check one: YES. I will call to schedule an equipment demonstration or loan.

NO. I do not want an equipment demonstration or loan. I acknowledge that TDDP has a no exchange policy and I WILL NOT BE ABLE TO EXCHANGE EQUIPMENT I receive from TDDP.

DO NOT SEND IN YOUR APPLICATION UNTIL YOU HAVE DECIDED ON EQUIPMENT THAT WILL MEET YOUR NEEDS.

SECTION 1: APPLICANT EQUIPMENT INFORMATION

Do you already own telecommunication equipment like what you are requesting from TDDP?

YES NO

If YES, please check the correct answer below (**IMPORTANT:** If you have working equipment that meets your needs you are not eligible for the program.)

My equipment is broken or only works sometimes is borrowed does not meet my needs

SECTION 2: APPLICANT INFORMATION

APPLICANT

Last name	First name	Middle initial
Date of birth (month/day/year)		
Street address IMPORTANT: No deliveries to PO Box; you must provide a street address.		
City	State	Zip
County (e.g. Allegheny, Snyder)		
Name of person assisting applicant with this application, if any and their relationship to you.		
Phone	Email	
Name of parent or guardian (for applicant under age 18)		Phone

APPLICANT ANNUAL INCOME AND FAMILY MEMBERS

Applicant's gross annual income only, including Social Security and/or pension income if applicable and excluding family/household income. If applicant has no income, please write NONE.	\$
Number of family members (excluding applicant)	
Applicant counted as family member	+ 1
Total members in family unit (including applicant)	=

OTHER APPLICANT INFORMATION

My primary reason for using the TDDP is (check one):

- I cannot afford equipment Equipment is available to me only through TDDP
 I could use other programs, but the system is too complex and the wait is too long

OPTIONAL Race: Caucasian African-American Asian Latino
 Other (specify) _____ Prefer not to answer

OPTIONAL Gender: Male Female

Please tell us how you heard about the TDDP: friend/relative support person web
 brochure/flyer presentation/exhibit by _____ other (specify) _____

APPLICANT'S STATEMENT AND SIGNATURE

IMPORTANT: Submit application no later than 30 days after you have signed and dated it.

I certify that all information provided on this application is true, complete and correct.
I understand that if I purposely provide false information I may be subjected to legal action. Program officials have my permission to verify the information provided. I certify that I have read, understand and accept all conditions set forth in this application and have the ability to learn to use the equipment I selected.

Applicant signature

Date

Parent or legal guardian signature

Date

SECTION 3: CERTIFICATION OF DISABILITY BY PROFESSIONAL

IMPORTANT: This section must be completed by a licensed physician, audiologist, or speech-language pathologist, or a representative of a qualified agency, such as an Office of Vocational Rehabilitation (OVR) Counselor, or Department of Human Services (DHS) Case Worker. Complete all lines in this section.

ABOUT THE APPLICANT

Last name

First name

Middle
initial

Check the type of disability being certified

cognitive deaf deaf blind hard of hearing low vision/blind physical speech

I am a: licensed audiologist licensed speech-language pathologist licensed physician

representative of a qualified state agency

CERTIFYING PROFESSIONAL

Full Name

Title

Agency

PA Professional License Number (if
applicable)

Phone

Fax

Email

I certify that the applicant named above has the disability indicated, and that s/he requires technology to independently access telecommunications services.

Signature of professional

Date

FINAL CHECKLIST

Read this list and check the boxes to ensure your application is complete.

<input type="checkbox"/>	Complete Applicant Equipment Information (Section 1).
<input type="checkbox"/>	Answer all of the Applicant Information and sign the Applicant's Statement (Section 2).
<input type="checkbox"/>	Have the Certification of Disability (Section 3) completed and signed by a qualified professional: physician, audiologist, speech pathologist, or representative of a qualified state agency (e.g. Office of Vocational Rehabilitation Counselor, or Department of Human Services Case Worker).
<input type="checkbox"/>	Submit photocopies (originals cannot be returned) of documents with the following information:
	<p>1. Proof of applicant's (including minors) residence in Pennsylvania. Submit ONE of the following: copy of <u>current</u> driver's license, non-driver I.D., utility bill, dated Social Security correspondence, copies of W-2's, school report card, or other documentation pre-printed with the applicant's name and current street address.</p>
	<p>2. Proof of applicant's income. Submit a copy of each item of the <u>current tax year</u> that applies to you: Income statements including W-2's, 1099s or award letters for retirement and/or Social Security income If you do not have a copy of your Social Security income statement you can call 1-800-772-1213 and request a "Benefits Verification Letter". Bank statements, pay stubs or checks cannot be accepted. If applicant has no income write "NONE". Note: If the applicant is a minor child, income requirements are based on the child's income only, not family or household income.</p>
	<p>3. Proof of telephone service. Submit a copy of ONE page of your most recent telephone bill with your telephone number appearing on it. If phone service is shared in a residential facility, submit a statement about your access to phone service on facility letterhead signed by the Administrator or Social Worker and include the applicant's name and phone number.</p>
<input type="checkbox"/>	Select ONE piece of equipment and/or ONE signaler that is right for you on the Equipment Selection sheet.
<input type="checkbox"/>	Make and keep a photocopy of your completed application (including Equipment Selection sheet) for your records.
<input type="checkbox"/>	Detach and return your completed application. Send the completed ORIGINAL application (including Equipment Selection sheet and copies of required documentation) to TDDP at the address below.

RETURN COMPLETED APPLICATION TO:

TDDP Program Coordinator
 Institute on Disabilities
 at Temple University
 1755 N. 13th Street
 Student Center Room 411 S
 Philadelphia, PA 19122

FOR MORE INFORMATION:

Phone: 800-204-7428 voice
 866-268-0579 TTY
 Fax: 215-204-6336
 Email: tddp@temple.edu

www.disabilities.temple.edu/tddp