

# 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).



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 <b>IMPORTANT:</b> 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, <b>including</b> Social Security and/or pension income if applicable and <b>excluding</b> 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><b>1. Proof of applicant's (including minors) residence in Pennsylvania.</b> 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 <b>with the applicant's name and current street address.</b></p>
	<p><b>2. Proof of applicant's income.</b> 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><b>3. Proof of telephone service.</b> 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](mailto:tddp@temple.edu)

[www.disabilities.temple.edu/tddp](http://www.disabilities.temple.edu/tddp)

# COMMONWEALTH OF PENNSYLVANIA'S TELECOMMUNICATION DEVICE DISTRIBUTION PROGRAM

The Telecommunication Device Distribution Program (TDDP) established by Act 34-1995 and amended by Act 181-2002 provides telecommunication devices to qualified applicants. These devices enable eligible individuals with disabilities to access telephone services independently. To be eligible, individuals must complete this application and meet all criteria listed below.

## Criteria

### ■ Person with a disability

A person with a disability or disabilities that prevents him/her from making or receiving telephone calls independently. Disability must be certified on the application by a qualified professional.

### ■ Income limits

Applicant's gross income of 200% or less of federal poverty guidelines (not including family/household income).

#### FINANCIAL ELIGIBILITY CRITERIA GUIDELINES *(as of February 1, 2019)*

size of family unit	GROSS INCOME (200% of federal poverty guidelines)
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860

### ■ Age

Six (6) years or older.

### ■ Residence

A resident of Pennsylvania.

### ■ Resources

Must have existing landline telephone service and be able to learn how to use the requested device(s).

### ■ Information will be kept confidential

Except as required by law.

### ■ Equipment ownership and responsibility

Your equipment selection is FINAL and equipment cannot be exchanged. Equipment will be delivered to your home. It then becomes YOUR PROPERTY and YOUR RESPONSIBILITY.

**NOTE: There is a Limited Manufacturer Defect Warranty on all equipment obtained through this program. If your equipment is defective or if it stops working, it will be your responsibility to contact the equipment vendor for warranty repair. Repairs for damages due to abuse or neglect are not covered under any warranty and are YOUR RESPONSIBILITY. Stolen equipment can only be replaced upon receipt of a copy of the police report of the theft.**

### IMPORTANT

**Make a copy of your completed application for your records. Send completed ORIGINAL application (including Equipment Selection sheet and copies of required documentation) to TDDP at the address listed on the front of the application.**

**If you need help completing this application, or need it in an alternate format, please contact us.  
PHONE: 800-204-7428 VOICE / 866-268-0579 TTY / FAX: 215-204-6336 / EMAIL: tddp@temple.edu**

# TDDP Equipment Selection (April 2019)

You must submit your equipment selection with your application

**Category A: Select only ONE device from any row below that best fits your needs.\*\***

## AMPLIFIED PHONES



Clarity Alto



Clarity AltoPlus



Clarity JV35  
 Clarity JV35W  
(white buttons)



Serene Innovations HD-40P



Serene Innovations HD-60J



Clarity HA40 In-line Handset Amplifier

## AMPLIFIED CORDLESS PHONES

Clarity XLC2+



Panasonic KX-TGM430B  
(bluetooth)



Panasonic KX TGM450S



## CAPTIONED PHONES and TTYs

(\*high speed internet needed)



CapTel 840 PLUS  
(analog or wifi compatible)



CapTel 840i\*



CapTel 880i\*  
(large display)



CapTel 2400\*  
(touch screen display)



Superprint 4425 TTY



Uniphone 1140 TTY/HCO/VCO

## OTHER PHONES



Reizen Big Button Speakerphone



Serene Innovations RCx1000 Remote Control Hands-free Speakerphone (switch available by recommendation)

Optional microphone (pick one)  
 Lapel  Headset

**Category B: Select only ONE signaler below.**

## SIGNALERS

ClearSounds CR200 Loud Ring Signaler



Sonic Alert TR75VR Flashing Light Signaler



Silent Call Vibrating Signaler OmniPage Kit (receiver shown)



NONE No device from Category B needed.

For details go to: <https://techowlpa.org/service/tddp>

\*\*If none of the listed equipment will meet your needs, please contact TechOWL.

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