



RETURN TO: TechOWL Free Special Phone Program  
1755 N. 13<sup>th</sup> Street / Student Center, Ste. 411S  
Philadelphia, PA 19122  
Tel: 800-204-7428 / TTY: 866-268-0579  
Fax: 215-204-6336 / Email: TDDP@temple.edu

### APPLICATION FOR FREE SPECIAL PHONES

\*We highly recommend a device demonstration or loan since there is a **no exchange** policy.

- I will call to schedule an equipment demonstration or loan.
- I do not want an equipment demonstration or loan.

Do you already own equipment similar to what you are requesting from TechOWL?  Yes  No

If yes, what? \_\_\_\_\_

If yes, please check one answer below:

My equipment:

- is broken or only works sometimes
- is borrowed
- does not meet my needs because: \_\_\_\_\_

I will use this device at: (check all that applies)

- Home
- School
- Work

### APPLICANT INFORMATION (PLEASE PRINT)

#### Personal Information (to be completed by applicant)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address (P.O Box not accepted): \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email \_\_\_\_\_

#### Person assisting you with application, if any

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

#### Name of parent or guardian (for applicants under 18 years old)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## APPLICANT ANNUAL INCOME AND FAMILY MEMBERS

You must attach the applicant's most current proof of income. Examples of proof of income include W-2's, 1099s or award letters from retirement and/or Social Security income. If you need a copy of your Social Security income statement, please call 1-800-772-1213.

Number of people living at this (applicant's) address including applicant: \_\_\_\_\_

### OTHER APPLICANT INFORMATION (REQUIRED)

Reason for using the Free Special Phone Program

- I cannot afford equipment  
 This equipment is only available through the Free Special Phone Program  
 I could use other programs, but the system is too complex and/or the wait is too long

How did you hear about us?

- friend/relative     support person     web     brochure/flyer  
 presentation/exhibit by \_\_\_\_\_  other (specify) \_\_\_\_\_

### If applying for a Free Wireless Device, please complete the following questions:

Do you currently subscribe to a mobile plan?     Yes     No

If yes, what is the name of the mobile provider? \_\_\_\_\_

If no, are you able to obtain a mobile plan?     Yes     No

Have you ever used a wireless device?     Yes     No

Do you currently use any of the following types of technology? (Check all that apply):

- Hearing aid     Relay (IP, VRS, TTY,     Other (List) \_\_\_\_\_  
 Cochlear Implant    STS, VCO, HCO, \_\_\_\_\_  
 Speech generating device    Captioned Telephone)     Not applicable/don't use

**PLEASE NOTE: YOU MUST OBTAIN AND MAINTAIN AN AGREEMENT WITH A MOBILE PHONE COMPANY IF YOU ARE APPLYING FOR A FREE WIRELESS DEVICE.**

### OPTIONAL

Race:     Black or African-American     Asian or Asian-American     White or Caucasian  
 American-Indian or Alaska Native     Other (specify) \_\_\_\_\_  
 Prefer not to answer

Ethnicity:     Hispanic     Non-Hispanic

Gender:     Male     Female     Other     Prefer not to answer

## 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 and supporting documents is true, complete and correct.
- I understand that if I purposely provide false information, I may be subject 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 selected.
- I understand that I may not sell, give, or lend to another person any equipment provided to me by the program.
- For free wireless devices only: I will be responsible for all services related to the equipment, including activation fee, monthly service plan, software and app updates, and will use the device to access phone and telecommunications-related services, such as video relay, email and texting.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/legal guardian/signature \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under 18 )

**\*Demonstration Centers:** If you are having trouble making a decision about which equipment might work for you, please contact or visit one of the Assistive Technology Regional Centers (ATRCs).

You can also request a device to try out from our Lending Library.

**Visit:** [TechOWLpa.org](http://TechOWLpa.org)

**Email:** [TDDP@temple.edu](mailto:TDDP@temple.edu)

**Call:** 800-204-7428

# CERTIFICATION OF DISABILITY

(PLEASE PRINT LEGIBLY OR TYPE)

**All information must be completed by a professional.**

## Applicant Name

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

### Please check one.

I am a(n):

- |  |  |
|--|--|
| <input type="checkbox"/> Audiologist                         | <input type="checkbox"/> Optometrist   |
| <input type="checkbox"/> Physician                           | <input type="checkbox"/> Ophthalmologist   |
| <input type="checkbox"/> Speech-Language Pathologist         | <input type="checkbox"/> Service Professional (public or private agency that serves deaf, hard of hearing and deafblind, Center for Independent Living employee, credentialed Assistive Technology Professional) |
| <input type="checkbox"/> Physician's Assistant               |  |
| <input type="checkbox"/> Vocational Rehabilitation Counselor |  |
| <input type="checkbox"/> Registered Nurse Practitioner       |  |

### Please check the disability(ies) being certified:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> cognitive*      | <input type="checkbox"/> low vision |
| <input type="checkbox"/> deaf            | <input type="checkbox"/> blind      |
| <input type="checkbox"/> deafblind       | <input type="checkbox"/> physical*  |
| <input type="checkbox"/> hard of hearing | <input type="checkbox"/> speech     |

\*If you marked cognitive or physical disability, please explain why the applicant needs a specialized phone and/or wireless device.

## 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 they require this technology to independently access telecommunication services.

Signature of Certifier \_\_\_\_\_ Date \_\_\_\_\_

**BEFORE YOU SUBMIT YOUR APPLICATION,  
READ THIS LIST AND CHECK THE BOXES TO ENSURE YOUR APPLICATION IS  
COMPLETE. FAILURE TO SUBMIT ALL THE ITEMS WILL RESULT IN A DELAY.**

- Completed application with all questions answered and all blanks filled in.
- Completed Disability Certification (filled out by a certifying professional).
- Completed Equipment Selection Sheet with one piece of equipment and/or one signaler that will work for you.

**Submit photocopies of documents with the following information:**

- Proof of PA residency with the applicant's name and current street address (current driver's license, non-driver ID, utility bill, dated Social Security correspondence, copies of W-2s, school report card, or other documentation pre-printed with the applicant's name and current street address).
- Proof of applicant's income (Examples of proof of income include W-2's, 1099s or award letters from retirement and/or Social Security income. If you need a copy of your Social Security income statement, please call 1-800-772-1213). Your **most recent** information is required.
- For a free home phone: Proof of **most recent** telephone service bill (e.g. If you sign your application in May, include the April bill.)
- For a free wireless device: If you have a mobile service plan, include page 1 from your current phone bill with this application. (e.g. If you sign your application in May, include the April bill.) You are still eligible even if you don't have a mobile service plan at this time. You have agreed to obtain a mobile service plan in the Applicant Statement and Signature section of the application. The program will follow-up to request confirmation.

**Keep a copy of your entire completed application for your records.**

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**WHAT HAPPENS NEXT?**

- We process your application.
- We send you a letter saying your application is eligible, incomplete or denied.
- The letters come from Temple University. It is NOT a bill or junk mail.
- Tell us if you have changed your contact information.
- This whole process can take up to 4-8 weeks. Please be patient with us!

<b>TechOWL</b>	<b>Tel: 800-204-7428</b>	<b>Email: <a href="mailto:TDDP@temple.edu">TDDP@temple.edu</a></b>
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The Free Special Phone Program (Pennsylvania's Telecommunication Device Distribution Program) is implemented by TechOWL, 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).

January 2020

## Eligibility Criteria

### ■ PERSON WITH A DISABILITY

- This disability prevents a person from making or receiving telephone calls independently. A qualified professional must complete the certification of disability.

### ■ INCOME LIMITS

- We only use the applicant's proof of income. This does not include family/household income.

FINANCIAL ELIGIBILITY CRITERIA GUIDELINES (as of January 20, 2020)	
size of family unit	GROSS INCOME (200% of federal poverty guidelines)
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

### ■ AGE

- Six (6) years or older.

### ■ RESIDENCE

- Resident of Pennsylvania.

### ■ RESOURCES

- Must have an existing landline telephone service and/or
- Must certify to obtain a wireless service agreement to use with the wireless device.
- Must be able to learn how to use requested equipment.

### ■ EQUIPMENT OWNERSHIP AND RESPONSIBILITY

- Your selection is FINAL and CANNOT BE EXCHANGED. It is your property and responsibility. A durable, protective case and/or screen protector for your wireless device is not included with your equipment. It is highly recommended that you purchase one.

January 2020

Information will be kept confidential except as required by law.

All equipment is covered by a limited manufacturer defect warranty. If it is defective or stops working, the recipient contacts the vendor for repairs. Repairs for damages due to abuse or neglect are not covered. Stolen equipment can be replaced only when a police report of theft is provided.

**If you need help completing this application, or need it in an alternate form, please contact us:**

**phone: 800-204-7428**

**fax: 215-204-6336**

**email: TDDP@temple.edu**

**web: TechOWLpa.org**

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# Free Special Phone Equipment Selection

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







- |   |   |  |  |   |   |
|---|---|--|--|---|---|
|  |  |                   |  |  |  |
| <input type="checkbox"/> Clarity Alto   | <input type="checkbox"/> Clarity AltoPlus   | <input type="checkbox"/> Clarity JV35<br><input type="checkbox"/> Clarity JV35W<br>(white buttons) | <input type="checkbox"/> Serene Innovations HD-40P                                 | <input type="checkbox"/> Serene Innovations HD-60J                                  | <input type="checkbox"/> Clarity HA40 In-line Handset Amplifier                     |

## AMPLIFIED CORDLESS PHONES




- |   |   |   |
|---|---|---|
|  |  |  |
| <input type="checkbox"/> Clarity XLC2+  | <input type="checkbox"/> Panasonic KX-TGM430B (bluetooth)                         | <input type="checkbox"/> Panasonic KX TGM450S                                       |

## CAPTIONED PHONES and TTYs

(\*high speed internet needed)

- |  |  |  |   |   |
|--|--|--|---|---|
|  |  |  |  |    |
| <input type="checkbox"/> CapTel 840 PLUS (analog or wifi compatible)               | <input type="checkbox"/> CapTel 840i*  | <input type="checkbox"/> CapTel 880i* (large display)                              | <input type="checkbox"/> CapTel 2400* (touch screen display)                        | <input type="checkbox"/> Superprint 4425 TTY  |
|  |  |  |   |  |
|  |  |  |   | <input type="checkbox"/> Uniphone 1140 TTY/HCO/CO                                     |

## OTHER PHONES

- |   |   |   |   |
|---|---|---|---|
|  |  |   | Optional microphone (pick one)                                  |
| <input type="checkbox"/> ActiVocal Vocally 3 Freedom Voice Dialer                   | <input type="checkbox"/> Reizen Big Button Speakerphone                             | <input type="checkbox"/> Serene Innovations RCx1000 Remote Control Hands-free Speakerphone (switch available by recommendation) | <input type="checkbox"/> Lapel <input type="checkbox"/> Headset |

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

## SIGNALERS

- |   |   |   |   |
|---|---|---|---|
|  |  |  | <input type="checkbox"/> NONE (No device from Category B needed.) |
| <input type="checkbox"/> ClearSounds CR200 Loud Ring Signaler                       | <input type="checkbox"/> Sonic Alert TR75VR Flashing Light Signaler                 | <input type="checkbox"/> MyAlert™ Telephone Pager Kit                                 |   |

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

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

TEL: 800-204-7428 VOICE: 866-268-0579 TTY / EMAIL: TDDP@temple.edu

# Free Wireless Devices and Equipment Selection

You must submit your equipment selection with your application.

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

## PHONES



Apple iPhone SE  
(4.7 Inch Screen)

OR

Apple iPhone XR  
(6.1. Inch Screen)

Samsung Galaxy  
S10 Smart Phone

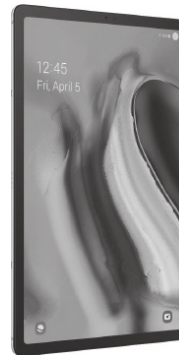
Google Pixel  
4a Smart Phone

BlindShell  
Classic

## TABLETS



Apple iPad  
4G Tablet



Samsung Galaxy  
S5e Tablet  
compatible with  
 Verizon  
 Other plan

## CELLPHONE AMPLIFIER



Serene Innovations  
SA-40 HearAll  
Cellphone Amplifier

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

Smart Signaler:  
Serene Innovations  
RF200 Alerting Device



Smart Signaler:  
Sonic Bomb BT Bed Shaker



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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