



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, STS, VCO, HCO, Captioned telephone)     Other (List) \_\_\_\_\_  
 Cochlear Implant     Not applicable  
 Speech generating device

**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):

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

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

- cognitive\*
- deaf
- deafblind
- hard of hearing
- low vision
- blind
- physical\*
- 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.**

**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!

**TechOWL**

**Tel: 800-204-7428**

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

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