



Application for Free Special Phones from TechOWL

Return completed application to:

**TechOWL Free Special Phone Program
Institute on Disabilities at Temple University
Ritter Annex 4, Room 430
1301 Cecil B. Moore Avenue
Philadelphia, PA 19122**

Email: TDDP@temple.edu

Fax: 215-204-6336

Tel: 800-204-7428

TTY: 711

Please keep this information in case you need to contact us.

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What to expect after you send in your completed application:

- We process your application.
- We send you a letter saying your application is eligible, incomplete or denied.
- The letter comes 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!

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 Public Utility Commission (PUC).

Application for Free Special Phones from TechOWL

We highly recommend a device demonstration or loan since there is a no exchange policy. Call 800-204-7428 to schedule.

I will call to schedule an equipment demonstration or loan before submitting my application.

I do not want an equipment demonstration or loan. I understand there are no exchanges after I receive my device.

Do you already own equipment similar to what you are requesting from TechOWL (i.e. smartphone, tablet, captioned or amplified phone)? Yes No

If yes, what? _____

If yes, please check one answer below:

My equipment is:

is broken or only works sometimes

is borrowed

does not meet my needs because _____

I will use this device at: (check one) _____

Home

School

Work

Applicant Information—to be completed by applicant (PLEASE PRINT)

Name (Last) _____ (First) _____ (MI) _____

Address (P.O Box not accepted) _____

City _____ Zip _____ County _____

Area Code/Tel _____ Date of Birth _____

Email _____

Person assisting you with application, if any

Name _____ Relationship _____

Area Code/Tel _____ Email _____

Parent or guardian for applicants under 18 years old

Name (Last) _____ (First) _____ (MI) _____

Area Code/Tel _____ Email _____

Applicant Annual Income and Family Members

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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. We cannot accept bank statements or the 1040 tax form.

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 you checked "yes", what is the name on the mobile plan?

(Attach a copy of your current cell phone bill, receipt for data card purchase or other proof of service.)

If you checked "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
- Cochlear implant
- Speech generating device
- Relay (IP, VRS, TTY, STS, VCO, HCO, Captioned telephone)
- Other (List) _____
- Not applicable

Please note: You must get and maintain a cell phone plan 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

REQUIRED: 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. **I will activate the device I receive within 30 days of receipt on a mobile service plan.** If I fail to submit proof of a mobile service plan, I may not be able to access services from TechOWL in the future.

Applicant signature _____ Date _____

For applicant is under 18

Parent/legal guardian/signature

_____ Date _____

*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.

Certification of Disability

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Please print legibly or type. All information must be completed by a professional. (Return to: TDDP@temple.edu OR fax: 215-204-6336)

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"/> hard of hearing |
| <input type="checkbox"/> blind | <input type="checkbox"/> physical* |
| <input type="checkbox"/> deafblind | <input type="checkbox"/> speech |

*If you marked cognitive or physical disability, please explain why the applicant needs a specialized phone and/or wireless device and /or identify accessibility features that can be helpful (i.e. voice access for limited dexterity, photo labeled memory buttons for impaired cognition) _____

Certifying Professional

Full Name _____

Title _____ Agency _____

PA Professional License Number, if applicable _____

Area Code/Tel _____ 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. Keep a copy of your entire completed application for your records.

- Completed application** with all questions answered and all blanks filled in.
- Completed Disability Certification** (filled out by a certifying professional listed on the form).
- 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—this includes any of the following:
 - current driver's license
 - non-driver ID
 - utility bill
 - dated Social Security correspondence
 - copies of W-2s
 - school report card
 - other documentation pre-printed with 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. We cannot accept bank statements or the 1040 tax form.
- For a free home phone only: Proof of most recent** telephone service bill (e.g. If you sign your application in May, include the April bill.) Send the entire bill. We must know what type of services you have in your home to determine if the requested device is appropriate.
- For free wireless devices only. Proof of wireless service**—this includes any of the following:
 - a copy of current monthly cell phone bill
 - receipt form a data plan card purchase
 - redacted bank statement with the monthly charge noted
 - annual renewal letter for a government phone plan

If you currently do not have cell phone service, you will be required to submit a receipt of activation from a service provider, monthly bill or account page from the mobile app. You will have 30 days to submit proof of service after you received the device. This requirement applies to both smart phones and tablets.