

iCanConnectPA —The National Deaf-Blind Equipment Distribution Program (NDBEDP) in Pennsylvania

SECTION 3 OF 3: VERIFICATION OF DISABILITY

This section must be completed by a qualified practicing professional who has direct knowledge of the Applicant’s vision and hearing loss; this section must be returned with the application.

Applicant Information

(please print clearly)

Name _____

Street Address _____

City _____, PA Zip Code _____

For this program, the CVAA requires that the term “deaf-blind” has the same meaning given by the Helen Keller National Center Act. In general, the individual must have a certain vision loss and a hearing loss that, combined, cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation (working).

Specifically, the FCC’s NDBEDP rule 64.6203(c) states that an individual who is “deaf-blind” is:

(1) Any individual:

- (i) Who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both these conditions;
- (ii) Who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and
- (iii) For whom the combination of impairments described in . . .(i) and (ii) of this section cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation.

(2) An individual’s functional abilities with respect to using Telecommunications service, Internet access service, and advanced communications services, including

interexchange services and advanced telecommunications and information services in various environments shall be considered when determining whether the individual is deaf-blind under... (ii) and (iii) or this section.

(3) The definition in this paragraph (c) also includes any individual who, despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

Verifier Information

(please print clearly)

Name of professional signing verification _____

Title _____

Agency/Employer _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone number (required, including area code): _____

Email (required): _____

Occupation (required):

- Audiologist
- Vocational Rehab Counselor
- Medical/Health Professional
- Speech-Language Pathologist
- Educator
- Community-Based Service Provider
- Hearing Professional
- Representative, School for the Deaf or Blind
- Vision Professional
- HKNC representative
- Other (please explain):

I certify under penalty of perjury that, to the best of my knowledge, this individual is deaf-blind as defined by the FCC as above (and in the Instructions and Guidelines section of this Application).

Verifier's Signature _____ Date _____

My verification is based on the following (required):

Please return to the applicant or mail/fax this completed document and attachments to:

Institute on Disabilities at Temple University

Attn: iCanConnectPA

1755 N. 13th Street

Student Center 411S

Philadelphia, PA 19122