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 page in case you need to contact us. Tell us if you change your phone number, email, or address after you send your application.

What will happen after you send in your completed application:

- We look at your application.
- We send you a letter saying your application is eligible, incomplete or not eligible.
- The letter comes from Temple University. It is NOT a bill or junk mail.
- 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 revised January 2025)

Checklist

Before you send in your application, read this list and check the boxes to make sure 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 one of the following:

- current driver's license *or*
- non-driver ID *or*
- utility bill *or*
- dated Social Security correspondence *or*
- copies of W-2s *or*
- school report card *or*
- 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 make sure the requested device will work for you.

☐ **For free wireless devices only. Proof of wireless service**—this includes one of the following:

- a receipt of activaton from your cell phone plan *or*
- a copy of current monthly cell phone bill *or*
- receipt from a data plan card purchase *or*
- redacted bank statement with the monthly charge noted *or*
- annual renewal letter or email for a government phone plan *or*
- screen shot from your cell phone plan's mobile app

If you currently do not have a cell phone plan, you will be required to submit one type of cell phone plan proof from the above list. You will have 30 days to submit proof of a cell phone plan after you receive your cell phone or tablet. This applies to both cell phones or tablets.

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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 sending 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 like 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 work for me because _____

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

- ◯ Home
- ◯ School
- ◯ Work

I want to be contacted by:

- ◯ mail
- ◯ email

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

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 cell phone or tablet, please complete the following questions:

Do you currently have a cell phone plan? ◯ **Yes** ◯ **No**

If you checked "yes", what is the company's name? _____

Do you get a bill? ◯ **Yes** ◯ **No**

(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 get a cell phone plan? ◯ **Yes** ◯ **No**

Have you ever used a cell phone or tablet? ◯ **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 keep a cell phone plan with a cell phone company if you are applying for a free cell phone or tablet.

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 and application denial.
- 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 understa-nd that I may not sell, give, or lend to another person any equipment provided to me by the program.
- **For free cell phones or tablets only**: **This program gives only the equipment. 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 on a cell phone plan within 30 days of receipt.** If I fail to submit proof of a cell phone 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 _____

NOTE: 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. **We cannot lend cell phones.*

Certification of Disability

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

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
- ☐ blind
- ☐ deafblind
- ☐ low vision
- ☐ hard of hearing
- ☐ physical*
- ☐ 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** _____