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

Section 3 of 3: Verification of Disability

This disability verification section is to be completed by a practicing professional who has direct knowledge of the applicant's vision and hearing loss.

Please fill out this form completely, and sign and date at the bottom.

Name and Address of Deaf-Blind Individual

Name of Applicant _____

Street Address _____

City _____, PA Zip _____

Attester Information

Name of Attester _____ Title _____

Agency/Employer _____

Email _____ Phone _____

Street Address _____

City / State / Zip Code _____

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):

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.

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 as previously referenced in Section 1).

My attestation is based on the following (Please state how you are familiar with each of the applicant's hearing and vision loss, AND the applicant's combination of hearing and vision loss, as defined in the FCC's NDBEDP rules listed directly above):

Combination of hearing and vision loss

_____

Hearing loss

_____

Vision loss

_____

Attester Signature _____ **Date** _____

Please submit this completed document and any required supporting materials to us by mail, fax, or email:

Institute on Disabilities at Temple University
College of Education and Human Development
Attn: iCanConnectPA
Ritter Annex 4 | Room RA 430
1301 Cecil B. Moore Avenue
Philadelphia, PA 19122

Voice: 800-204-7428
TTY: 711
Fax: 215-204-6336
Email: iCanConnectPA@temple.edu