

Send completed form to:
 FAX: 850-656-6099
 EMAIL: customercare@ftri.org
 MAIL: 1820 E. Park Ave. Ste 101, Tallahassee FL 32301

Have Questions?
 VOICE: 800-222-3448
 TTY: 888-447-5620
 EMAIL: customercare@ftri.org

How Did You Learn About This Program?
 Friend/Family Hearing Aid Specialist FTRI Print Ad
 Audiologist FTRI Presentation FTRI Digital Ad
 Physician FTRI Website Other _____

*** Section 1- To be completed by Applicant AND complete other side, to choose your equipment >>>>>>**

FIRST _____ MIDDLE _____ LAST _____
 BIRTHDATE ____/____/____ HOME PHONE _____ CELL PHONE _____
 STREET ADDRESS _____ APT/NUMBER: _____
 CITY _____, FL ZIP _____ COUNTY _____
 EMAIL ADDRESS: _____
 Used for Internal Identification and client services purposes only; never shared or sold

PHONE SERVICE (circle ALL you have): LANDLINE / CELL PHONE / SORENSON VP STATE ID # _____
FL Driver's License/FL State ID

I AM: HARD OF HEARING / DEAF / SPEECH IMPAIRED

I WEAR HEARING AIDS: YES / NO

DEAFBLIND - FTRI is not able to provide appropriate devices, per current TASA law.
 This Federal program can help: <https://www.icanconnect.org/how-to-apply/florida/>

To verify hearing loss or speech disability, have your hearing aid provider or doctor complete and sign Section 2, below.
 OR, include one of the following with this application form: audiogram; receipt for hearing aid purchase; note from doctor/hearing aid provider confirming hearing loss/speech disability; completed FTRI Five-Minute Hearing test. Download printable test at: www.ftri.org/fiveminute.

My Shipping Address is different from above

SHIPPING ADDRESS _____ APT/NUMBER _____
 CITY _____, FL ZIP _____ COUNTY _____

Alternate contact person: _____ PHONE NUMBER _____

RELATIONSHIP _____ EMAIL _____

By signing here I certify that I am a permanent Florida resident who has a hearing loss and/or speech disorder, that I understand and accept the Conditions of Acceptance (provided separately), and that the information I have given is true. I authorize the certifier of this application to provide this information to FTRI in order that I can receive the designated specialized telecommunications equipment.

Signature: **X** _____ Date: _____
 (If under 18, Parent or Guardian/POA must provide documentation)

*** Section 2 - To be completed by Certifier**

FTRI/RDC Office Use: HA ID DOC
 5 MIN HT DL
 OTHER

In accordance with Chapter 427.705 F.S., I am eligible to certify FTRI applications.

I am (check one):

- Deaf Service Center/Regional Distribution Center Director
- Appropriate State or Federal agency representative
- State Certified Teacher for Hearing or Visually Impaired
- Hearing Aid Specialist
- Audiologist
- Licensed Physician
- Speech Pathologist
- PA/ARNP for Audiologist, Dr. or Speech Path

Application must be certified within the State of Florida.
 I certify that the applicant is: (check one)

- Hard of Hearing** - permanent hearing impairment which is severe enough to require use of amplification devices to discriminate speech sounds in verbal communication
- Deaf** - permanent hearing impairment, unable to discriminate speech sounds in verbal communication with or without the assistance of amplification devices
- Speech Impaired or having a speech disorder** - permanent loss of verbal communication ability, which prohibits normal usage of standard telephone
- Dual sensory impaired** - both a permanent hearing impairment and a permanent visual impairment; includes Deafblindness

Certifier's Name (Print) _____ State License # _____

Agency Name _____ County _____

Address _____ City _____, FL Zip _____

Phone Number _____

Email _____

Notes: _____

Certifier's Signature, or Stamp:
X _____

FTRI Specialized Telecommunications Equipment Options

Directions: Choose the phone (and signaling device, if desired) option that you prefer by checking the circle next to it. These are the most popular devices we offer; view the full assortment at: www.ftri.org/products. Example:

I want to amplify:

- my home landline phone AND
- my smart cell phone (choose one, or both)

Choose BOTH of these devices to make calls at home, and on the go!



- The XLC8 hybrid phone plugs into a wall jack to amplify your landline signal. It also pairs to your smart cell phone.
- The portable XLCgo cell phone amplifier also offers volume and tone controls.

- Pair up to 2 wireless devices with Bluetooth
- 50 dB of amplification & 4 tone settings
- Answering machine with SlowTalk feature
- Amplifies outgoing speech up to 15 dB

The 50 dB XLCgo cell phone amplifier will amplify your cell phone when outside the home.

At home, it is an additional handset for the XLC8!

I want to amplify:

- my smart cell phone (choose one)

These amplifiers are for people having trouble hearing on their cell phone calls



- Connect an amplifier to your smart phone with Bluetooth to make mobile cell phone calls accessible
- Use while away from home, anywhere you have cell phone service
- Both options deliver high-quality sound, feature loud and clear speakerphones, and are hearing-aid compatible



I want to amplify:

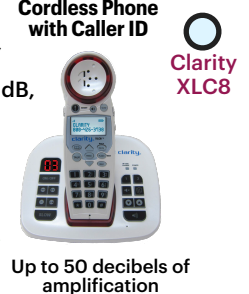
- my home landline phone (choose one)

These phones require AC power and home "landline" service such as AT&T, Verizon, Century Link, MagicJack, etc.



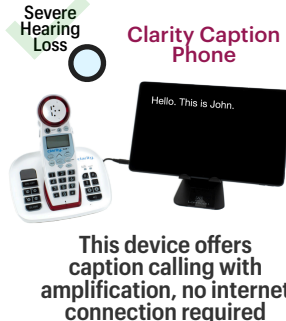
- Traditional Landline-only phones with loud, powerful speakerphones and large, back-lit buttons
- Amplify incoming sound from 40 to 53 dB, depending on model

- Corded phones generally deliver the best sound quality for Severe hearing loss
- Cordless phones are portable and can be used in any room of the home



I need something else:

- Signalers
- Other specialized devices
- TTY (call FTRI) (choose one)



I need to contact FTRI for more assistance:

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Chat on our website: www.ftri.org

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