| 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 Applic | | |
| FIRST | MIDDLE | LAST |
| BIRTHDATE/ HOME PHON | E | CELL PHONE |
| STREET ADDRESS | | APT/NUMBER: |
| CITY | , FL ZI | PCOUNTY |
| EMAIL ADDRESS: | only; never shared or sold | |
| LANDLINE SERVICE IN HOME? (REQUIRED): YE | S / NO | |
| LANDLINE PHONE SERVICE PROVIDER | | |
| STATE ID # | | I WEAR HEARING AIDS: YES / NO |
| To verify speech disability, you mus | st have your Speech Languag | e Pathologist complete and sign Section 2, below. |
| My Shipping Address is different from abov | e | |
| SHIPPING ADDRESS | | APT/NUMBER |
| CITY | , FL ZIP | COUNTY |
| Alternate contact person: | | PHONE NUMBER |
| RELATIONSHIP | EMAIL | |
| accept the Conditions of Acceptance (provi | ded separately), and that the inf | earing loss and/or speech disorder, that I understand and ormation I have given is true. I authorize the certifier of this e designated specialized telecommunications equipment. |
| Signature: X (If under 18, Parent or Guardian/POA must provide docu | mentation) | Date: |
| | | FTRIANG |
| * Section 2 - To be completed by Spee | ech Language Pathologist: | 0 [0] |
| In accordance with Chapter 427.705 F.S., I am eligible to certify FTRI applications as a: | | AAC app needed by the applicant. ded onto the tablet prior to shipping. |
| Speech Pathologist Application must be certified within the State of FI | orida Proloquo | o2Go — Avaz AAC |
| I certify that the applicant is: | | p4Text |
| Speech Impaired or having a speech disorder - permanent loss of verbal communication ability, which prohibits normal usage of standard telephon | ☐ TouchCh | |
| Certifier's Name (Print) | | State License # |
| Agency Name | | County |
| Address | City | , FL Zip |
| Phone Number | Cort | ifier's Signature, or Stamp: |
| | | mer a dignature, or atamp: |
| Email Notes: | x | |

SERVICE PROVIDER ID# _

Speech Generating Tablet Phone

This Speech Tablet Phone is a telecommunication device specifically designed for the speech disabled community.

Using an Augmentative Alternative Communication (AAC) app on the tablet, the user can communicate directly through the telephone (landline required), providing functional equivalency and equal access to telecommunication services.

A Speech Language Pathologist (SLP) must be involved in the application process, and must certify the application form (on other side).

Send completed Application forms to:

Email: customercare@ftri.org

Fax: 850-656-6099

The SLP must indicate which **one** of the available ACC apps (listed in Certification section, on other side) are needed by the applicant at time of application.

Should client needs change over time, the app can be 'swapped' for one that is a better match.

Note: Per TASA law as interpreted by the Florida Public Services Commission, the Speech Generating Tablet is restricted to being delivered in a 'locked down' state, to limit the app's purpose as being for telecommunications access only.

Contact FTRI for more assistance:

Call: 800-222-3448 FAX: 850-656-6099

Email: customercare@ftri.org
Chat on our website: www.ftri.org

