FREE TECHNOLOGY

FOR: DEAF/ DEAFBLIND | HARD OF HEARING | SPEECH IMPAIRED

WIRELESS DEVICE APPLICATION FORM

Directions:

- Review equipment options on this page, and choose the device that will best meet your needs
- On inside pages, complete the Client information, Conditions of Acceptance and Signature sections, and have your Certifier complete their section to verify your hearing loss and/or speech disability
- Return completed form to FTRI, by: fax; scan/email; mail
- FTRI staff will contact you to complete the application process, confirm device choice, and shipping details

Please Note: Applicants who choose either the iPhone, iPad, or Emote Electrolarynx shown on this page must meet certain verifiable financial qualifications, or be enrolled in a Qualifying Program. Full details inside.

PLEASE CHOOSE ONE OF THESE DEVICES: ☑

iPhone ☐

Both iPhone and iPad come with one set of wired earbuds

iPad ☐

DEAF/DEAFBLIND

Videophone
IP Relay
Captioning

HARD OF HEARING

Captioning
Videophone
IP Relay

Emote Electrolarynx ☐

SPEECH IMPAIRED

TruTone EMOTE Electrolarynx
For a person who has had their voice box removed

Requires referral from a Speech Language Pathologist

Atos

iPad ☐

iPad comes with one set of wired earbuds

SPEECH IMPAIRED

Speech Generating
Eye Gaze

Texting
IP Relay

Requires referral from a Speech Language Pathologist

Includes Proloquo2Go

Other Apps available; full list on Page 3 in Certification Section

Your SLP must request:

- ○ Your preferred AAC App from the list on Page 3

Also available:

- ○ Eye Gaze App
- ○ Bam Bino Case

Must be included in SLP Certification/Referral on Page 3

If you have questions or need help with your application, please contact us:

800-222-3448 Voice
850-328-4243 VP

850-964-2883 Text
M-F, 9-3

Live chat on our website: M-F, 9-3

Email: customercare@ftri.org
FAX: 850-656-6099

Florida Telecommunications Relay, Inc.

800-222-3448
www.ftri.org
1820 E. Park Ave, Suite 101, Tallahassee, FL 32301

CLIENT INFORMATION SECTION

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

Have Questions?
800-222-3448 VOICE
850-328-4243 VP
888-447-5620 TTY
EMAIL: customercare@ftri.org

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

FIRST _____ MIDDLE _____ LAST _____

STREET ADDRESS _____ APT/NUMBER _____

CITY _____, FL ZIP _____ COUNTY _____

BIRTHDATE _____/_____/_____ HOME PHONE _____ CELLPHONE _____

EMAIL ADDRESS _____ VIDEOPHONE _____

All information you provide is for Internal Identification and Client Services purposes only; it will never be shared or sold

☐ ***MY SHIPPING ADDRESS IS DIFFERENT FROM ABOVE***

SHIPPING ADDRESS _____ APT/NUMBER _____

CITY _____, FL ZIP _____ COUNTY _____

☐ ALTERNATE CONTACT PERSON: _____ PHONE NUMBER _____

RELATIONSHIP _____ EMAIL _____

I AM: Hard of Hearing / Deaf / Deafblind / Speech Impaired

DEAFBLIND APPLICANTS - FTRI offers a limited selection of devices per current TASA law. A federal program offers more: www.icanconnect.org

SERVICES: (circle ALL you have): Landline / Cell Phone / Wi-Fi / Sorenson VP

For iPhone, iPad applicants: Do you plan to use your existing cell phone plan for service? **YES / NO**

Would you like information on a special bundled T-Mobile plan being offered to FTRI clients? **YES / NO**

I WEAR HEARING AIDS: **YES / NO**

Means of Communication:
VOICE ASL/SIGN LANGUAGE AAC APP
LIP READING SPANISH TTY OTHER

FL Driver's License / FL State ID / FL Voter ID Card
WE MUST HAVE A PICTURE OR PHOTOCOPY OF YOUR FLORIDA ID TO PROCESS YOUR APPLICATION

STATE ID # _____

TO QUALIFY FOR IPAD, IPHONE, & EMOTE:

- Florida resident, Age 3+
- Have certified hearing loss, and/or speech disability

Income limits apply. Applicants must either:
- Have income below 250% of Federal Poverty, OR
- Participate in a Qualifying Program (see list below)

Income Limits:
- 1 Person: $39,900 annually / $3,325 monthly
- 2 People: $54,100 annually / $4,508 monthly
- 3 People: $68,300 annually / $5,691 monthly
- 4 People: $82,500 annually / $6,875 monthly

Qualifying Programs:
If you receive benefits from any of the Qualifying Programs listed below, **you meet the income limit.**
Check the program you are on:

☐ **FL Medicaid**

☐ **SNAP**
Include copy of most recent Verification

☐ **Supplemental Security Income (SSI)**
Include copy of most recent Social Security Administration Award Letter

☐ **Federal Public Housing Assistance (Section B)**

☐ **Veterans Pension & Survivors Benefits**
Include copy of most recent eligibility paperwork

Not in a Qualifying Program?

If you meet the income requirements on the left, we will use your financial documents to verify income.

Number of Household Members: _____

Total Household Annual Income: $ _____

If you file a tax return:

Adjusted Gross Income from most recent 1040 tax return: $ _____

Filing Status: Individual Joint
(Circle one)

☐ **I have included the required copy of my most recent 1040 tax return with this application, or by separate email, or fax**

If you do NOT file a tax return:

You must include one of the items on this list along with this application form, to verify actual income:

☐ Copy of Social Security Award letter
☐ Copy of last year's W-2(s)
☐ Three recent pay stubs

TO RECEIVE EQUIPMENT FROM THE PROGRAM, YOU MUST AGREE TO THE CONDITIONS OF ACCEPTANCE (COA):

1. I understand that the equipment I am borrowing for telephone access belongs to FTRI; I do not own it. If I abuse the equipment, I can be held financially responsible for the replacement.
2. I will take good care of the equipment to ensure it is not damaged, stolen, or lost. If it is damaged, stolen or lost, I will contact FTRI immediately at 800-222-3448 (Voice).
3. If the equipment stops working properly, I will not try to fix it. I will notify FTRI at 800-222-3448 (Voice) and they will fix it.
4. I will notify FTRI if my address or telephone number changes.
5. I understand the equipment I receive today must be returned to FTRI if:
   - I move out of Florida.
   - I no longer need the equipment.
6. I understand that I cannot sell, give away, or loan this equipment to anyone else.
7. I understand that this agreement is binding for any additional or exchanged equipment that I receive from the program.
8. I hereby attest that, to the best of my knowledge, the provided information is true and accurate.
9. I understand my application will not be processed until all required documentation is provided to FTRI.
10. Failure to comply with this COA may result in me being denied participation in the FTRI Distribution Program.
11. By signing this application, I understand that the user of the equipment is responsible for the use and operation of the equipment, and I agree to defend FTRI and release them of any and all claims, damages and expenses arising out of the use or misuse of this equipment by anyone.

☐ **I have read and agree to the Conditions of Acceptance (COA); initial here:** _____

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 each Condition of Acceptance, and that the information I have given is true.

I authorize the certifier of this application to provide information to FTRI in order that I can receive the designated specialized telecommunications equipment and/or technology.

I agree to accept and respond to email, phone, text, fax, and mailed correspondence regarding this application form, and any equipment or technology that I receive from FTRI.

Sign Here X _____ **Date:** _____

(If under 18, Parent or Guardian/POA must provide their documentation, and child's birth certificate)

CERTIFIER: COMPLETE ALL SECTIONS AND SIGN WHERE INDICATED

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 Language 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
- ☐ **Dual sensory impaired -** both a permanent hearing impairment and a permanent visual impairment; includes Deafblindness
- ☐ **Speech Impaired or having a speech disorder -** permanent loss of verbal communication ability, which prohibits normal usage of standard telephone

The applicant requires the following, to gain full use of their device: ☐ **Eye Gaze App** ☐ **Bam Bino Case**

Choose one app: ☐ **Avaz AAC** ☐ **CoughDrop** ☐ **Proloquo2Go** ☐ **Proloquo4Text** ☐ **Grid for iPad** ☐ **LAMP Words for Life** ☐ **TouchChat HD** ☐ **TouchChat HD w Word Power** ☐ **Speech Assistant**

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

Agency Name _____ County _____

Address _____ City _____, FL Zip _____

Phone Number _____

Email _____

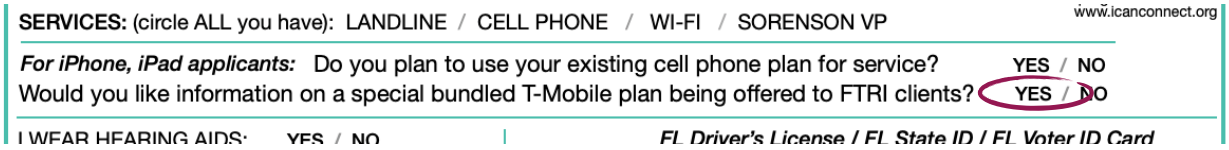
Certifier's Signature, or Stamp:

X _____

IMPORTANT INFORMATION

- Once we receive and approve your application, a device will be ordered for you. It will ship to the address you give us. Please note that the iPhone and the Emote require a signature for delivery; the iPad does not. Allow up to six weeks for delivery.
- If we have questions, we will contact you by the phone number and email address you provide on this application form. Please check for phone messages from an 850 area code phone number, or email from customercare@ftri.org.
- All required documentation must be submitted before your application can be processed. It can be mailed, faxed, or scanned and emailed to us.

  This includes:
  - Proof of Florida residency (Drivers License, State ID, etc.)
  - Income verification (tax return, W-2's, etc.)
  - Certification of Hearing Loss or Speech Loss
  - Other documentation we request
- If you plan to port your existing cell phone number to your FTRI device, you will need to contact your carrier to add it to your plan.
- If you do not have existing cell phone service and receive one of our wireless devices, you will have access to a discounted program offered by Florida's Relay Service provider, T-Mobile. Make sure to circle "YES" where indicated in your Client Information section, so we can give you the information you need to explore that option. **You are not obliged to accept this offer.**



- Applications are processed, approved, and fulfilled on a first come, first served basis.
- We cannot process an application form into the approval and order stages without having all required supporting documentation in hand.
- If you return your application by mail, we recommend you make a copy or take a photo of this page, for future reference.

Also Available From FTRI:

Clarity XCL8 & XLCgo

Powerful cell phone amplifiers that connect to your smartphone

- Pairs with your cell phone using Bluetooth
- Up to 50 dB amplification
- Can be used over hearing aids
- Large, easy-to-use buttons
- No income limit

And More:

- Captioned phones that don't require internet
- SquareGlow signalers
- AltoPlus super loud amplified phone
- In-Line Amplifiers for corded phones

See the full equipment list at: www.ftri.org

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