FREE TECHNOLOGY

FOR: DEAF | HARD OF HEARING | SPEECH IMPAIRED

ANALOG DEVICE APPLICATION FORM

Directions:

- Review equipment options on both front and back pages, and choose the device(s) 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

NOTE: There are NO income or Qualifying Program requirements for the items shown on this form

CHOOSE ONE OF THESE PRIMARY DEVICES: ☑

Features and Benefits:

- Bluetooth-enabled XLC8 and XLCgo devices connect to cell phone signals to make calls, like connecting a cell phone to a car radio. No landline required!
- Amplification of up to 50 decibels and multiple tone settings help make phone conversations loud and clear
- Captions provide additional help, when increasing the volume is not enough
- Suitable for all levels of hearing loss

☐ **Clarity XLC8**

Connects to both Landline and Cell Service
Bluetooth

☐ **XLC8 with Extra Handset**

Connects to both Landline and Cell Service
Bluetooth

☐ **Clarity XLCgo**

Rechargeable portable cell phone amplifier, connects directly to cell phone
Bluetooth

☐ **XLC8 with Extra Handset and XLCgo**

Connects to both Landline and Cell Service
Bluetooth

☐ **Clarity Alto Plus**

Our loudest phone, offers 50 decibels of amplification
Landline Service is required

☐ **Clarity Caption Phone**

This device offers amplified caption calling without connecting to Internet
Landline Service is required

Choose the optional signaler below, or a different product from our website, or from the back page: ☑

SIGNALER

☐ **Squareglow Flashing Signaler**

For landline phones, TTYs, Sorenson Lumina VP & VP-200
Landline or VP Service is required

OTHER

☐ You can choose one item shown on the back page, or visit www.ftri.org/products to review all options, and write your choice here:

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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 / Speech Impaired

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

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 # _____

QUALIFICATIONS:

For Equipment on This Application Form

- Florida resident, over the age of 3
- Have certified hearing loss, and/or speech disability

NOTE: There are NO income or Qualifying Program requirements for the items shown on this application

DON'T FORGET TO:

- Sign the Application Form
- Initial the Conditions of Acceptance
- Include POA documents, if needed
- Include a copy of your ID
- Have Certifier Section completed

NOTE: You may send a copy of your audiogram or receipt(s) for purchase of hearing aids to substitute for Certifier Signature

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.

Signature: 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

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. 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.)
  - Certification of Hearing Loss or Speech Loss
  - Other documentation we request
- 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 Desktop Duo Amplified Telephone with Expansion Handset

SquareGlow can be included

Extra Handset for XLC8

For FTRI Clients who already have an XLC8

More equipment options available!

Visit www.ftri.org/products to see the full assortment

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Florida Telecommunications Relay, Inc.

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