

Oregon Telecommunication Devices Access Program (TDAP) Application

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AVAILABLE TDAP EQUIPMENT

CORDED AMPLIFIED PHONES

XL-40D Amplified Speaker Phone with built-in Loud Ringer
(Amplifies up to 50dB. Ideal for Moderate to Severe hearing loss)

XL-45 Amplified Speaker Phone with built in Loud Ringer & Caller ID
(Amplifies up to 55dB. Ideal for Severe or greater hearing loss)

XL-50 Amplified Phone with built-in Loud Ringer
(Amplifies up to 60dB. Ideal for Severe or greater hearing loss)

HD-65 Amplified Phone with built-in Loud Ringer and Talking Caller ID
(Amplifies up to 50dB. Ideal for Moderate to Severe hearing loss)

CORDLESS AMPLIFIED PHONES

CL-60 Amplified Cordless Speaker Phone with built-in Caller ID
(Amplifies up to 55dB. Ideal for Moderate to Severe or greater hearing loss)

CL-65 Amplified Cordless Phone with Talking Caller ID
(Amplifies up to 55dB. Ideal for Moderate to Severe or greater hearing loss)

CAPTIONED TELEPHONES

CapTel with built-in Loud Ringer & Training DVD
(Captioned telephone with moderate amplification)

CapTel 800i with built in Loud Ringer & Training DVD
(Captioned telephone - High Speed Internet and Router required)

TTY (TELETYPE TELEPHONES)

TTY 4425
(For Severe or greater hearing loss or Severe speech impairment)

Uniphone 1140
(Combination of TTY and mild amplified phone. Ideal for HCO/VCO calls)

Compact TTY
(Portable TTY with rechargeable batteries)

Pro80 TTY with Large Visual Display
(Built-in Large Visual Display)

LARGE BUTTON TELEPHONES & BRAILLE COMMUNICATOR

JV-35B (Black Buttons) & JV-35W (White Buttons) Talking phone with built in Loud Ringer
(Large button phone with moderate amplification)

HD-50JV Black Button Talking Speaker Phone with built in Loud Ringer
(Large button speaker phone with moderate amplification)

Deaf-Blind Communicator
(Must know Braille to use)

WEAK SPEECH/SPEECH IMPAIRMENT TELEPHONES

HD-40S Speech Amplified Phone with Loud Ringer & Photo Dialing
(Amplifies outgoing speech up to 40dB)

Casa Futura Tech Basic Fluency
(Anti-stuttering device for telephone use)

Telitalk Electrolarynx System
(Artificial larynx built-into speaker phone)

TruTone Artificial Larynx Kit
(Artificial larynx compatible for telephone use)

SPEAKERPHONE FOR MOBILITY IMPAIRMENTS

RC200 Remote Controlled Speaker Phone
(For individuals with mobility impairments)

RC 200 Accessories:

Air Switch	Headset
Lapel Microphone	Pillow Switch

ACCESSORIES

Caller ID - Large Display (Vision Only)	Loud Ringer
Caller ID - Voice Announcer (Vision Only)	Neckloop
Foto Dialer (Cognitive Only)	Signal Device
In-Line Amplifier - Battery Powered	Silhouette
In-Line Amplifier - Line Powered	

Oregon Public Utility Commission

PO Box 2148, Salem, OR 97308-2148

800-848-4442 or 503-373-7171 • TTY: 800-648-3458 • VP: 866-948-1216

Fax: 877-567-1977 or 503-378-6047 • puc.rspf@state.or.us

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SECTION A

Please Print Your Information and Sign Below (Required Information)

() - () -
Name of Applicant *(Last, First, Middle)* **Telephone** **Work / Cell**

Home Phone Service Provider *(e.g. Comcast)* **Email Address**

Home Address **Apt. #** **City** **ZIP**

County **Parent/Guardian Name** *(If applicant is a minor)*

Mailing Address *(If different than above)* **Apt. #** **City** **ZIP**

Oregon Drivers License or ID # **Date of Birth**
(If you do not have an ODL or ID # please contact the TDAP office)

() -
Alternate Contact Name *(Last, First)* **Relationship** **Telephone**
(e.g. spouse, friend, relative, or caregiver)

Mailing Address of Contact Person **Apt. #** **City** **ZIP**

For Office Use Only

Initials _____ Event _____ Date _____

CONDITIONS OF ACCEPTANCE AND AGREEMENT FOR TDAP EQUIPMENT

Please completely **READ** and **SIGN** the form that indicates you understand and agree to comply with the following conditions upon acceptance of all TDAP Equipment:

- All Equipment is the property of the State of Oregon. I will use the Equipment in compliance with Oregon laws and regulations, including OAR Chapter 860 Division 33.
- I will not sell, give away, or loan any Equipment to anyone. I am financially responsible for any damage to any Equipment that is not caused by normal wear and tear or acts of nature or disaster. A price list of the most current prices for previously used and current Equipment is available upon request.
- I am responsible for the appropriate care of all Equipment and must not use it for any purpose other than accessing telephone services.
- I will return the defective or damaged Equipment at the PUC's expense. The PUC will repair or replace the returned Equipment at its discretion. Upon request, the PUC will ship the repaired or replaced equipment to me.
- If any Equipment is stolen, I must notify the local law enforcement agency within 24 hours of the time the theft is discovered. I agree to give a copy of the police report to the TDAP office within five (5) business days of the date that I reported the theft.
- If floods, storms, fire, or other acts of nature damage the Equipment, I must submit an insurance, fire department, police report, or other similar report about the event to the TDAP office within five (5) business days after the date the event occurred.
- If I move to another place in Oregon, I must report my new address to the TDAP office within thirty (30) calendar days of the move.
- I am responsible for the purchase of Equipment supplies, such as TTY paper, light bulbs, batteries, services, and the costs related to the use of the Equipment, such as telephone service and long-distance fees.
- I must return all Equipment to the TDAP office before I permanently move out of Oregon. I am liable for the replacement cost of any Equipment I fail to return it before moving out of Oregon.
- I must return all Equipment to the TDAP office within 30 calendar days after termination of telephone service.
- I must obtain written permission from PUC's TDAP Manager before I travel out of the State of Oregon with any Equipment for more than 90 days
- If I have signed this on behalf of a minor or as a guardian for an adult, I agree to notify the TDAP office about a change in responsibility within five (5) calendar days of the event (for example, the minor reaches 18 or there is a change of guardian), I agree that TDAP will bill me for any Equipment if the minor does not sign a new Condition of Acceptance and Agreement within 30 calendar days after the minor's 18th birthday.

All statements I have made in this application form are true and correct to the best of my knowledge.

Signature of Applicant or Parent / Guardian (If Applicant is under 18)

Date

*Please provide a copy of the Power of Attorney form, if signing on behalf of applicant.

(Please continue over)

SECTION B

PROFESSIONAL CERTIFICATION FORM

This section to be completed by ONLY a licensed physician, nurse practitioner, speech language pathologist, rehabilitation instructor for the blind, audiologist, vocational rehabilitation counselor, or hearing aid specialist.

Device Name	Hearing	Vision	Speech	Mobility	Cognitive
CapTel	X	X			
CapTel 800i (high speed internet & router required)	X	X			
Casa Futura Tech Basic Fluency			X		
CL-60 Amplified Cordless Speaker Phone	X	X		X	
CL-65 Amplified Cordless Speaker Phone	X	X		X	
Compact TTY	X		X		
Deaf Blind Communicator	X	X			
HD-40S Amplified Phone		X	X		X
HD-50JV Talking Phone	X	X			
HD-65 Amplified Phone	X	X		X	
JV35 Black Big Button Phone	X	X			
JV35 White Big Button Phone	X	X			
Pro80 TTY with Large Visual Display	X	X	X		
RC200 Speaker Phone				X	
Telltalk Electrolarynx System			X		
TruTone Artificial Larynx Kit			X		
TTY 4425	X		X		
Uniphone 1140	X		X		
XL-40D Amplified Phone	X			X	
XL-45 Amplified Speaker Phone	X	X		X	
XL-50 Amplified Phone	X				X

PROFESSIONAL DISABILITY CERTIFICATION (WITHIN SCOPE OF PRACTICE)

I am a licensed: Audiologist Hearing Aid Specialist Nurse Practitioner Physician
 Rehabilitation Instructor for the Blind (through Commission for the Blind) Speech Language Pathologist Vocational Rehabilitation Counselor

NO OTHER CERTIFYING AUTHORITIES ACCEPTED

IMPAIRMENT (CHECK ALL THAT APPLY)

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> HARD OF HEARING/DEAF
<input type="checkbox"/> Mild
<input type="checkbox"/> Moderate
<input type="checkbox"/> Severe
<input type="checkbox"/> Profound | <input type="checkbox"/> COGNITIVE
<input type="checkbox"/> Mild
<input type="checkbox"/> Moderate
<input type="checkbox"/> Severe/Profound | <input type="checkbox"/> SPEECH
<input type="checkbox"/> Mild
<input type="checkbox"/> Moderate
<input type="checkbox"/> Severe
<input type="checkbox"/> No usable speech | <input type="checkbox"/> MOBILITY
<input type="checkbox"/> Upper
<input type="checkbox"/> Lower
<input type="checkbox"/> Both | <input type="checkbox"/> VISION LOSS/BLIND |
|--|---|--|---|---|

Required: *I hereby certify that _____ requires the use of specialized telecommunications equipment to communicate effectively on the telephone.*
(Applicants Name – Last, First)

Requested Equipment _____ **Requested Accessory (if any)** _____

PROFESSIONAL CERTIFYING AUTHORITY INFORMATION

Name (Print or Type) _____ **Title** _____ **License Number** _____
Street _____ **City** _____ **State** _____ **ZIP** _____
 () - () - _____
Telephone _____ **Fax** _____ **Signature** _____ **Date** _____