

**Oregon Public Utility Commission**  
 PO Box 1088, Salem, OR 97308-1088  
 1-800-848-4442 or 503-373-7171  
 TTY: 800-648-3458  
 Videophone: 971-239-5845  
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 Email: puc.rspf@state.or.us

**Oregon Telecommunication  
 Devices Access Program  
 (TDAP) Application**  
**www.tdap.oregon.gov**



**Please provide us with your information.**

Required fields are highlighted.

_____ Name of Applicant (Last, First, Middle)	____/____/____ Date of Birth
_____ Parent/Guardian name (if applicant is a minor)	
(____) ____ - _____ Primary Phone Number	(____) ____ - _____ Secondary Phone Number
_____ Home Address	
_____ City	_____ Zip Code
_____ Email address	
_____ Mailing Address (if different than above)	
_____ Shipping Address (if different than above)	_____ Apt. #
_____ City	_____ Zip

**Oregon Drivers License or ID#**

We use your Oregon Driver's License or ID# to verify that you live in Oregon. If you do not have an ODL or ID#, please send a copy of your recent utility bill or benefits statement to us with your application.

**Please provide us with the contact information for someone who can get in touch with you if we are unable to. If you list a legal guardian or power of attorney (POA), please provide documentation of the guardianship/POA.**

_____ Contact Person's Name (Last, First, MI)	_____ Relationship	(____) ____ - _____ Phone# <input type="checkbox"/> Home <input type="checkbox"/> Cell
_____ Mailing Address of Contact Person	_____ Apt. #	_____ City
_____ State	_____ Zip	

# SECTION B

## Equipment Selection

**B1** If known, please list the model of the device (and *optional* accessory) you are requesting on the line below, then proceed to section C.

**B2** If you do not know the model, would you like a landline or a wireless cell phone or tablet?  
 **Landline (go to B3)**       **Wireless - Cell Phone or Tablet (go to B4)**

**B3** Select a landline device based on your disability and any corresponding feature. You may also select one *optional* accessory.

**HEARING**

**Corded amplified phone**     **Cordless amplified phone**     **Captioned telephone**  
 Caller ID screen                       Caller ID screen                       Landline only  
 Answering machine                       Landline & High Speed Internet  
 **TTY 4425**                       **Voice/Hearing Carry Over phone**

**Accessory:**  
 Lamp flasher     Loud ringer     Home Aware Kit     Hearing aid silhouette (Single)  
 Headset     Neckloop     Answering machine     Hearing aid silhouette (Dual)

<p style="text-align: center;"><b>VISION</b></p> <input type="checkbox"/> <b>Corded big-button phone w/ talking keypad/talking caller ID</b> <input type="checkbox"/> White buttons <input type="checkbox"/> Black buttons <input type="checkbox"/> Caller ID screen <input type="checkbox"/> <b>Cordless big-button phone w/ talking keypad/talking caller ID</b> <input type="checkbox"/> Caller ID screen	<p style="text-align: center;"><b>SPEECH</b></p> <input type="checkbox"/> <b>Corded phone w/ outgoing speech amplification</b> <input type="checkbox"/> <b>Electrolarynx</b>	<p style="text-align: center;"><b>MOBILITY</b></p> <input type="checkbox"/> <b>Hands-free speakerphone with remote</b> <b>Accessory:</b> <input type="checkbox"/> Voice dialer <input type="checkbox"/> Pillow switch <input type="checkbox"/> Air switch <input type="checkbox"/> Headset <input type="checkbox"/> Lapel microphone
<p style="text-align: center;"><b>COGNITION</b></p> <input type="checkbox"/> <b>Corded phone with photo-dialing</b>		

**B4** Select a wireless device. You may also select one *optional* accessory.

**WIRELESS – CELL PHONES OR TABLETS**

**iPad\***                       **iPad Mini\***                       **Android Tablet (Mobility Only)\***  
 **iPhone**                       **Android Cell Phone**

**Accessory:**  
 Wearable vibration alert system     Bluetooth neck loop     Bluetooth cellular phone amplifier

\*WiFi Only  
 iPhones and Android cell phones are unlocked and may be used with your preferred cellular provider. The applicant is responsible for all service charges associated with the use of the phone.

**SECTION**

# Conditions of Acceptance for TDAP Equipment

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

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- All Equipment is the property of the State of Oregon, and I will use the Equipment in compliance with Oregon laws and regulations, including OAR Chapter 860, Division 33.
- I am responsible for the appropriate care of all Equipment and the costs related to the use of all Equipment (Including, but not limited to: batteries and phone or Internet service).
- I will not offer for sale, sell, give away, pawn, or loan any Equipment to anyone. If I do, I am responsible for the replacement cost of the Equipment. 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, or if the Equipment is lost.
- If any Equipment is stolen, I will notify the local law enforcement agency within 24-hours of the time the theft is discovered. I will provide a copy of the police report to TDAP within five (5) business days of the date the theft was reported.
- I will not attempt to repair any Equipment. If the Equipment is in need of repair I will contact TDAP. I will return the defective or damaged Equipment at TDAP's expense. TDAP will repair or replace the returned Equipment at their discretion. Upon request, TDAP will ship the repaired or replaced Equipment to me.
- If applicable, I will not remove the protective case from the Equipment. I will not damage or deface the Equipment by removing any property of Oregon identifying labels or alter the laser etching.
- If applicable, I understand that the Equipment has a web filter installed to prohibit access to websites containing unlawful content. TDAP and TDAP vendors have my permission to monitor the Equipment to ensure proper use.
- If floods, storms, fire, or other acts of nature damage the Equipment, I will submit a fire, insurance, or other incident report to TDAP within five (5) business days of the event.
- If I disconnect my phone service, I will return all Equipment to TDAP within thirty (30) days at TDAP's expense.
- If I move to another place in Oregon, I will report my new address to TDAP within thirty (30) days of the move.
- I will return all Equipment to TDAP before I permanently move out of Oregon. I am liable for the replacement cost of any Equipment if I fail to return it before moving out of Oregon.
- I will obtain written permission from the TDAP Manager before I travel out of Oregon with any Equipment for more than ninety (90) days.
- If I have signed this on behalf of a minor or as a guardian for an adult, I agree to notify TDAP about a change in responsibility within five (5) calendar days of the event (for example, the minor turns 18 or if there is a change of guardianship). I will be billed for the replacement cost of any Equipment if the minor or new guardian does not sign the Conditions of Acceptance form within thirty (30) calendar days of the change in responsibility event.
- I understand that I am financially responsible for the replacement cost of all Equipment if I do not comply with any of the above conditions.
- I understand that all Equipment is provided on a "first come, first served" basis and its availability is contingent upon adequate funding.

***All statements I have made in this application 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/guardianship documentation if signing on behalf of applicant.



**SECTION**

# Disability Certification

Please have your certifying authority complete this section.

## Certifying Authority Statement

**I am a licensed:**

- Audiologist
- Hearing Aid Specialist
- Speech-Language Pathologist
- Vocational Rehabilitation Counselor
- Rehabilitation Instructor for the Blind
- Licensed Nurse Practitioner
- Physician Assistant
- Physician
- Optometrist
- Ophthalmologist

**Please check the applicants disability(ies)**

(Within scope of practice; e.g. a hearing aid specialist certifies a hearing loss)

- Deaf / Hearing Loss
- Blind / Vision Loss
- Cognition / Memory
- Mobility / Motor
- Speech

\_\_\_\_\_ ( ) \_\_\_\_\_ -  
**Certifying Authority's Name** (*print clearly*) **Phone Number**

\_\_\_\_\_ @ \_\_\_\_\_  
**State License or Certification Number** **Email Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**I hereby certify that (applicant's name)** \_\_\_\_\_  
**has a disability that requires specialized equipment to effectively communicate on the phone.**

\_\_\_\_\_ **Date**  
**Certifying Authority's Signature**  
 (*Must be original signature, no stamps accepted*)

## CHECKLIST



- I have completed Section A and provided all required information.
- I have completed Section B and selected the equipment that meets my needs.
- I have signed the Section C Conditions of Acceptance form.
- Section D has been completed and signed by a certifying authority.