**Oregon Telecommunication Devices Access Program (TDAP) Application**

www.tdap.oregon.gov

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

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**SECTION**

Please provide us with your information.  
Required fields are highlighted.

<table>
<thead>
<tr>
<th>Name of Applicant (Last, First, Middle)</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian name (if applicant is a minor)

<table>
<thead>
<tr>
<th>(<em><strong><strong>) - (</strong></strong></em>)</th>
<th>(_____) -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Phone Number</td>
<td>Secondary Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Apt#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City | Zip Code | Email address
|-----|---------|-----------------
|     |         |                |

Mailing Address (if different than above)  
Apt. # | City | Zip

Shipping Address (if different than above)  
Apt. # | City | Zip

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**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.

<table>
<thead>
<tr>
<th>Oregon Drivers License or ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Contact Person’s Name (Last, First, MI)</th>
<th>Relationship</th>
<th>Phone#</th>
<th>Home</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address of Contact Person</th>
<th>Apt. #</th>
<th>City</th>
<th>Sate</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Equipment Selection**

Please select one device and one optional accessory.

**SECTION B**

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

If you do not know the model, please select either a landline device or a wireless cell phone or tablet.

- **Landline (go to B3)** OR **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.

<table>
<thead>
<tr>
<th>HEARING</th>
<th>VISION</th>
<th>SPEECH</th>
<th>MOBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Corded amplified phone</strong></td>
<td><strong>Corded big-button phone w/ talking keypad/talking caller ID</strong></td>
<td><strong>Corded phone w/ outgoing speech amplification</strong></td>
<td><strong>Hands-free speakerphone with remote accessory</strong></td>
</tr>
<tr>
<td><strong>Caller ID screen</strong></td>
<td><strong>White buttons</strong></td>
<td><strong>Electrolarynx</strong></td>
<td><strong>Voice dialer</strong></td>
</tr>
<tr>
<td><strong>Lamp flasher</strong></td>
<td><strong>Black buttons</strong></td>
<td><strong>Callable phone</strong></td>
<td><strong>Pillow switch</strong></td>
</tr>
<tr>
<td><strong>Headset</strong></td>
<td><strong>Caller ID screen</strong></td>
<td><strong>Answering machine</strong></td>
<td><strong>Air switch</strong></td>
</tr>
<tr>
<td><strong>Neckloop</strong></td>
<td><strong>TTY 4425</strong></td>
<td><strong>Voice/ Hearing Carry Over phone</strong></td>
<td><strong>Headset</strong></td>
</tr>
<tr>
<td><strong>Loud ringer</strong></td>
<td><strong>Home Aware Kit</strong></td>
<td><strong>Hearing aid silhouette (Single)</strong></td>
<td><strong>Hearing aid silhouette (Dual)</strong></td>
</tr>
</tbody>
</table>

**B4**

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

<table>
<thead>
<tr>
<th>WIRELESS DEVICES – ALL DISABILITIES</th>
<th>WIRELESS DEVICES – MOBILITY ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>iPad</strong> (Wi-Fi Only)</td>
<td><strong>Android Tablet</strong></td>
</tr>
<tr>
<td><strong>iPad Mini</strong> (Wi-Fi Only)</td>
<td><strong>Android Cell Phone</strong> (Wi-Fi Only)</td>
</tr>
<tr>
<td><strong>iPhone</strong></td>
<td><strong>Seasame Connect</strong>*</td>
</tr>
<tr>
<td><strong>Android Cell Phone</strong></td>
<td><strong>Open Seasame</strong>*</td>
</tr>
</tbody>
</table>

* 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.
**For more information about Sesame Connect or Open Sesame, please visit www.razmobility.com or call us at 1-800-848-4442.
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:

- All TDAP Equipment (Equipment) provided to me 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 sell, lease, give away, or loan any Equipment to anyone. I will not use any Equipment as collateral for a loan of any type or as a pledge for a pawn loan.

- 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 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 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.

- I will not remove any 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.

- I understand that the Equipment may have 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 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 will obtain written permission from the TDAP Manager before I travel out of Oregon with any Equipment for more than ninety (90) days.

- I will return the Equipment to TDAP within forty-five (45) days of a request from TDAP.

- 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 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 further understand I am financially responsible for any collection costs associated with failure to pay the replacement cost.

- 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.
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.

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
☐ 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
☐ Cognition / Memory
☐ Speech
☐ Blind / Vision Loss
☐ Mobility / Motor

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.

Certifying Authority’s Signature Date

(Must be original signature, no stamps accepted)