DISABILITY RIGHTS MAINE

Telecommunications Equipment Program (TEP)

APPLICATION FORM

Return application to:
Disability Rights Maine
160 Capitol Street, Suite 4
Augusta, ME 04330

800.639.3884 Voice/TTY
207.766.7111 Videophone
207.621.1419 Fax

Email questions to:
deafservices@drme.org
www.drme.org

Please complete the following information:

Name:		
Mailing Address:		
Street Address:		
City:	State:	Zip Code:
Tel #: Type: ☐TTY ☐VP ☐CapTel		Date of Birth:
E-Mail:		
Other contact information:		

INFORMATION ABOUT YOU

Do you consider yourself:

- ☐ Deaf (prefer sign language)
- ☐ deaf (prefer written/spoken English)
- ☐ Hard of Hearing, please circle:
  MILD, MODERATE, SEVERE
- ☐ Late-Deafened ☐Non-Verbal

Do you have:

- ☐ Mobility Disability
- ☐ Vision Loss, please circle:
  MILD, MODERATE, SEVERE
- ☐ Speech Impairment
- ☐ Intellectual Disability
- ☐ Other: _____

Do you have difficulty with:

- ☐ Hearing other people on the phone
- ☐ Hearing the phone ring
- ☐ Seeing the numbers/buttons on the phone
- ☐ Holding the phone with one or both hands
- ☐ Walking/getting to the telephone
- ☐ Speaking loudly enough to be heard on phone
- ☐ Reading English
- ☐ Typing English
- ☐ Difficulty remembering phone numbers
- ☐ Dialing/pressing buttons on the phone
- ☐ Understanding answering machine messages
- ☐ Other: _____

Do you currently use hearing aids?
☐Yes ☐No If YES, do they have a telecoil T-switch? ☐Yes ☐No

Please continue to next page

INCOME INFORMATION

Please provide proof of income for you and all individuals in the household.
Income must be current (within last twelve months) and can include copy of bank statement, W-2 form, current year IRS tax return, pay stub, SSI award letter, copy of SSI check, etc.

Number of household/family members (include yourself): _____

Number of dependent children: _____ Dependent children ages: _____

Your income: _____ ☐ Weekly ☐ Monthly ☐ Annual

Spouse's income: _____ ☐ Weekly ☐ Monthly ☐ Annual

PHONE EQUIPMENT LENDING PROGRAM

Please complete this section only if you are interested in applying for phone equipment. **You may receive either a phone OR a hearing aid through the lending program, you may NOT receive both.**

Please check off the options that you are interested in:
(Not all features are available on all equipment. If there is a feature you MUST have, please indicate that. The more choices you pick will limit the equipment we can select for you.)

Phone Types:

- ☐ Amplified Phone
  Circle: Corded or Cordless
- ☐ Large Button Phone
- ☐ Dial-by-picture Phone
- ☐ Braille numbered Phone
- ☐ High-Contrast Button Phone
- ☐ Built-in Amplified Answering Machines
- ☐ TTY or HCO Machines
- ☐ Captioned Telephone
  - ☐ I have internet access

Accessories:

- ☐ Flashing Signaler
- ☐ Amplified Ringer
- ☐ Surge Protectors

Available Telephone Features:

- ☐ Hearing Aid Compatible
- ☐ Speakerphone
- ☐ Neckloop Compatible
- ☐ Caller ID (requires service from your phone company)
- ☐ Memory Dial

Need a feature or function that isn't listed here?
Have questions about equipment?
Please contact us at 800.639.3884 or
deafservices@drme.org

THE PHONE EQUIPMENT LENDING PROGRAM OFFERS TWO ELIGIBILTY OPTIONS, BASED ON YOUR INCOME: Lending and Cost-share. Total household income determines which program qualifications. NOTE: We cannot process your application without collecting income documentation for you and all members of your household. IF YOU DON'T WISH TO SHARE YOUR INCOME INFORMATION, please contact us to learn about direct purchase options.

Please continue to next page

HEARING AID LENDING PROGRAM

Please complete this section only if you are interested in applying for a hearing aid. **You may receive either a phone or a hearing aid through the lending program, you may not receive both.**

Some clients will qualify to receive one (1) hearing aid on a lending basis through our program. In order to qualify for this program, you must:

- Be 65 years of age or older
- Provide current income information date within the last twelve months
- Have a minimum 40dB loss (verified by an audiogram)

☐ Please check here if you are interested in qualifying for a hearing aid

Include the following additional documentation with this application:

☐ Proof of age (copy of driver's license, birth certificate or state ID)

☐ Copy of recent signed audiogram showing a minimum 40dB loss (If you do not have an audiogram from the last 12 months, please call DRM to get a list of participating audiologists).

☐ Current (within the last twelve months) income information

PROOF OF DISABILITY
To be Filled Out by Physician, Audiologist or Other Medical Specialist

As a physician, audiologist or other medical specialist, I certify that the applicant is D/deaf, hard of Hearing, Late-Deafened, has a speech disability, physical disability, intellectual disability, or other medical condition that interferes with his/her ability to use standard telecommunications equipment.

Name (please print): _____

Address: _____

_____

Telephone: _____ Fax: _____

Signature: _____ Date: _____

Email Address: _____

Would you like more information about our DRM programs, including TEP, to share with patients?

☐ YES

Note: A copy of a signed audiogram or a diploma from a school for the Deaf or blind is acceptable in place of a physician's statement. **Save yourself a trip to the doctor!** A signed note from your doctor, audiologist or other medical specialist can be faxed, emailed or mailed directly to DRM, instead of obtaining a signature on this form.

Please continue to next page

WHEN YOU BORROW EQUIPMENT UNDER THE LENDING PROGRAM, YOU MUST:

- ✓ Agree not to lease, sell, give away, or allow a lien or mortgage to be placed upon the equipment.
- ✓ Agree to maintain adequate insurance to cover loss against fire, theft, or other circumstances.
- ✓ Agree to keep the equipment in good condition and avoid damage.
- ✓ Agree to inform Disability Rights Maine if the equipment breaks down.
- ✓ Agree to return the equipment to Disability Rights Maine upon request or if you move out of state.

RELEASE

I give Disability Rights Maine permission to discuss this application and my equipment needs with the following people:

Name(s) and phone number(s), please print:

☐ FAMILY _____

☐ CAREGIVER _____

☐ DOCTOR _____

☐ FRIEND _____

PLEASE REMEMBER TO INCLUDE:

☐ Proof of current income for yourself, and all members of your household or family (bank statement, W-2, tax return, SSI letter, etc.)

☐ Physician's note or other proof of disability – can be sent or faxed to us separately

☐ Completed application form that includes your date of birth and signature

☐ Name and phone number or email of someone we can talk to about your application: family member, case manager, caregiver, friend, medical provider, etc.

By signing this application, I agree to abide by the above program requirements, and state that all information provided in this application is complete and true.

Signature: _____ Date: _____

How did you learn about DRM and the Telecommunications Equipment Program?

☐Advertisement ☐Public Event ☐Caregiver ☐Other _____

For DRM use only:

Date received: _____ Entered into database by: _____

☐ Proof of Income	☐ Proof of Age (HA only)	☐ Application is complete
☐ Doctor's Statement	☐ Recent audiogram (HA only)	☐ Application is signed
☐ Lending Program	☐ Cost Share Program	

Equipment Distributed: _____