

TAP APPLICATION PACKAGE

What is the Technology Assistance Program (TAP)?

Offered by the Virginia Department for the Deaf and Hard of Hearing (VDDHH) TAP provides telecommunication equipment to qualified applicants whose disabilities prevent them from using a standard telephone.

Who is eligible for TAP?

To qualify for the program, you must be deaf, hard of hearing, Deafblind, or speech disabled. You must also be a Virginia resident and meet income eligibility requirements that are based on household income and family size or Veteran status. While there are no age restrictions, all applications from minors must be co-signed by a parent or legal guardian.

How does the program work?

Equipment is provided to qualified individuals on a 30 days loan basis. This gives qualified recipients up to 30 days to decide whether to keep, exchange, or return the equipment. If following the 30-day period, the recipient feels the device enables him or her to successfully communicate over the phone; he or she retains ownership of the device.

Assistive devices available through TAP include:

- Amplified telephones
- CapTel®, captioning telephones
- Outgoing speech amplifier phones
- Signalers for the phone and door
- Other devices available by special request

Note: All devices through TAP carry a one-year manufacturer's warranty, and training on use of the equipment is available. TAP participants can apply for new equipment every four years.

How do I apply? Complete enclosed application and mail to address to the nearest office as listed (see page 2).

Questions? Contact your nearest outreach office as listed (see page 2).

TAP APPLICATION INSTRUCTIONS

The TAP (Technology Assistance Program) is available to all Virginia residents with a hearing loss or speech disability. If interested in applying, please complete the enclosed application according to the instructions below:

- Complete the highlighted areas on the application
- The following documents should be included with your completed application:

Income Document – include a copy for one of the following:

- tax return,
- bank statement,
- pension,
- social security, or
- letter from food stamps,
- Medicaid, or
- low income home energy assistance

“Proof of Residency” Document - see application for choices
Name and street address of applicant must be visible on “proof of residency”

Total income for all family members in the **ENTIRE** household should be included on the application. (Veterans - no income information is required but include copy of DD 214 Form)

- **Mail or scan completed application with required documents to your nearest outreach office as listed (see below). Or fax at 484-924-0031.**

If you have any questions, contact your nearest office as listed (see below).

| Nearest Office | Mailing Address | Phone Number/ Email Address |
|-------------------------------|--|---|
| Abingdon, Wise | CRDRC, PO Box 818 Norton, VA 24273 | 276-207-8440 voice/VP crdrc@deafhh.org |
| Grundy | CILS, 1139D Plaza Drive, Grundy, VA 24614 | 276-243-4425 voice/VP Whess@clinchindependent.org |
| Roanoke | DHHSC, PO Box 20444, Roanoke, VA 24018 | 540-342-0031 voice roanoke@deafhh.org |
| Staunton | DHHSC, PO Box 103, Staunton, VA 24402 | 540-885-0822 voice Staunton@deafhh.org |
| Lynchburg | DHHSC, c/o VEC, 3125 Odd Fellows Rd, Lynchburg, VA 24501 | 434-528-4991 voice Lynchburg@deafhh.org |
| Winchester | AI, 324 Hope Drive, Winchester, VA 22601 | 540-931-9124 voice/VP dday@accessindependence.org |
| All others in Virginia | VDDHH, 1602 Rolling Hills Dr., Suite 203, Richmond, VA 23229 | 800-552-7917 voice/TTY |

APPLICATION FORM (effective 8/1/2012)

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

| | | |
|--|-------------------------------|----------------------------|
| Last Name: | First Name: | Middle Initial: |
| Driver's License or DMV ID #: | Birth date: / / | |
| <p>A photo ID is required for Identification purposes. Virginia Code Section 55.1-112.8 establishes the Technology Assistance Program. You are not required to provide your Social Security Number to participate in TAP. Providing false information may make you ineligible to participate in TAP.</p> | | |
| <p>Check One: <input type="checkbox"/> This is a NEW application. (Never applied before) <input type="checkbox"/> This is a RENEWAL / ADDITION application. (Received equipment more than 4 years ago.) <input type="checkbox"/> This is an EXCHANGE Application (Previous equipment must be returned) <input type="checkbox"/> This is a REPLACEMENT Application (for broken / stolen equipment – Requires documentation)</p> | | |
| <p>Veterans Only: <input type="checkbox"/> I am a veteran of the U.S. Military with an Honorable or General under Honorable Discharge (copy of DD Form 214 or NGD-22 required). <input type="checkbox"/> I am presently serving as a member of the Virginia National Guard (copy of a LES required). <input type="checkbox"/> I am a spouse or child of a Veteran killed in the line of duty (DD Form 214 required).</p> | | |
| Total Family Monthly Income | | Total Family Size |
| All Sources Before Taxes: \$ | | (Including Yourself): |
| HOME ADDRESS: | | |
| City: | County: | State: VA ZIP Code: |
| <p>PROOF OF RESIDENCY REQUIRED. Please attach a copy of one of the following as proof of residency:</p> <p><input type="checkbox"/> Current Apt. Lease <input type="checkbox"/> Current VA Driver's License or DMV ID Card <input type="checkbox"/> Current Voter Reg. Card <input type="checkbox"/> Current Utility Bill (Telephone, Cable, Electric, Gas, Water/Sewer, Internet) <input type="checkbox"/> Other (VDDHH approval required)</p> | | |
| <p>PHONE NUMBERS: HOME: () - <input type="checkbox"/> TTY <input type="checkbox"/> Voice WORK: () - <input type="checkbox"/> TTY <input type="checkbox"/> Voice Other: () - <input type="checkbox"/> TTY <input type="checkbox"/> Voice Who/What number is this?</p> | | |
| E-Mail Address: | | |

EQUIPMENT SELECTION

You may also contact a VDDHH Outreach Provider for assistance in selecting the appropriate equipment to meet your needs. Applicants who are not eligible to receive equipment at no cost will be required to pay the current cost to receive the selected equipment. Please contact VDDHH for current pricing.

Select ONE device from this section:

- | | |
|---|--|
| <input type="checkbox"/> Standard TTY | <input type="checkbox"/> Amplified Phone – up to 35 dB |
| <input type="checkbox"/> Voice Carry Over Telephone | <input type="checkbox"/> Amplified Phone – up to 50 dB |
| <input type="checkbox"/> Hearing Carry Over Text Telephone (with speakers) | <input type="checkbox"/> Captioned Telephone 800/840 800i/840i |
| <input type="checkbox"/> Personal Amplification Device (with telephone adaptor) | <input type="checkbox"/> Cordless Amplified Phone (requires justification) |
| <input type="checkbox"/> Amplified Cell Phone | <input type="checkbox"/> Deaf-Blind (Special Request NDBEDP) |

Select ONE device from this section:

- | | |
|--|---|
| <input type="checkbox"/> Audible Signaler | <input type="checkbox"/> Alert System - Clock/Telephone/Doorbell Signaler |
| <input type="checkbox"/> Audible / Visual Signaler | <input type="checkbox"/> Alert System - Telephone/Doorbell Signaler |
| <input type="checkbox"/> Deaf-Blind (Special Request NDBEDP) | <input type="checkbox"/> Alert System - Remote Signaler |

All Equipment Issued Carries ONLY a One (1) Year Manufacturer's Warranty

Special Requests: Additional devices may be available by special request. If the equipment you need is not listed above, contact a VDDHH Outreach Provider for information on Special Requests. A VDDHH Outreach Provider MUST complete this section for a special request to be processed.

| | | |
|-------------------|---------------------|---|
| Device Requested: | Reason for Request: | Outreach Provider Certification / Date DBVI Certification (NDBEDP only) / Date |
|-------------------|---------------------|---|

Professional Certification for TAP Eligibility – To Be Completed By Eligible Professional ONLY

I certify that this TAP applicant is:

- Deaf Hard of Hearing Speech-Impaired Hearing-Visually Impaired Mobility Impaired Other: (explain)
 Deaf-Blind NDBEDP

In accordance with VDDHH TAP Regulations (22VAC 20-20-30.1), I am eligible to certify this application as a/an:

- | | |
|--|--|
| <input type="checkbox"/> Doctor (licensed physician) | <input type="checkbox"/> DBVI Specialist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Hearing Aid Specialist |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> DARS Rehabilitation Counselor |
| <input type="checkbox"/> VDDHH Outreach Specialist | <input type="checkbox"/> Area Agency on Aging Representative |
| <input type="checkbox"/> School Representative (Elementary, Secondary, or Post-Secondary Professional Staff) | <input type="checkbox"/> Other (specify): |

Certifier's Name:

Title:

State License #
(If applicable):

Agency:

Address:

Phone:

Signature:

Date:

(certifier's signature)

VOTER REGISTRATION INFORMATION

VDDHH is a Virginia Voter Registration Site.

If you are not registered to vote where you live now, you may request a voter registration application package from VDDHH. If you do not select one of the options below, you will be considered to have decided **not** to register to vote at this time. Your choice on this will not affect the assistance or services that you receive from this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your voter registration application is submitted will keep it confidential, and your voter registration application will be used only for voter registration purposes.

- I am already registered to vote at my current address and do not need an application.
 Yes. I would like to apply to register to vote. Please send me the voter registration / application form.
 No. I do not want to register to vote at this time.

Applicant Certification of Information Provided

I certify that the information provided on this form is true and accurate and that I have included (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> My complete name | <input type="checkbox"/> My current home address | <input type="checkbox"/> My correct date of birth |
| <input type="checkbox"/> The total gross monthly income of my family | <input type="checkbox"/> Equipment Selection (maximum one device from each section) | <input type="checkbox"/> The number of family members living in my home, including myself |
| <input type="checkbox"/> Proof of residency in Virginia | <input type="checkbox"/> Professional certification | |

I understand and agree that:

1. If I have not included all required information or have not provided accurate information, my application may be delayed or denied. If I have provided false information, I must return any equipment I received through TAP.
2. If I do not qualify for a device at no-cost, I will be required to pay the contract cost to receive the device.
3. VDDHH is not responsible for my telephone or internet charges or bills.
4. My personal information may be shared with vendors and Outreach Contractors for equipment delivery.
5. If I move before I receive my equipment, I will let VDDHH know my new address.
6. I accept responsibility for the equipment, including repair and maintenance costs.
7. All Equipment Issued Carries ONLY a One (1) Year Manufacturer's Warranty.
8. Service Plans for Amplified Cell Phones are the responsibility of the recipient.

Signature of Applicant (or parent/guardian, if applicant is under 18 years of age)

Date

Relationship to applicant