

APPLICATION FORM (effective 8/1/2012)

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Last Name:	First Name:	Middle Initial:
Verification of Driver's License or ID Required		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>		
Verification of Total Family/Household Monthly Income Required		Total Family/Household Size (Including Yourself):
All Sources Before Taxes: \$		
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"/> Voice Carry Over Telephone <input type="checkbox"/> Hearing Carry Over Text Telephone <input type="checkbox"/> Personal Listening Device – Specify Type	<input type="checkbox"/> CapTel® - Check Model: <input type="checkbox"/> Analog <input type="checkbox"/> Internet <input type="checkbox"/> Amplified Phone <input type="checkbox"/> Low Vision Amplified Phone <input type="checkbox"/> Cordless Amplified Phone (requires justification)
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Select ONE device from this section:

<input type="checkbox"/> Audible Signaler <input type="checkbox"/> Audible / Visual Signaler <input type="checkbox"/> Deaf-Blind (Special Request NDBEDP)	<input type="checkbox"/> Alert System - Clock/Telephone/Doorbell Signaler <input type="checkbox"/> Alert System - Telephone/Doorbell Signaler <input type="checkbox"/> Alert System - Remote Signaler
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All Equipment Issued Carries at least 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

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

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