

**SECTION A**

Please Print Your Information and Sign Below ( Required Information )

Name of Applicant (Last, First, Middle) \_\_\_\_\_ ( ) - ( ) -  
 Telephone Work / Cell

Home Address Apt. # City ZIP

County Parent/Guardian Name (If applicant is a minor)

Mailing Address (If different than above) Apt. # City ZIP

Oregon Drivers License or ID # Applicant Date of Birth Email Address  
 (If you do not have an ODL or ID # please contact the TDAP office)

How did you learn about the program?

Alternate Contact Name (Last, First) Relationship ( ) - Telephone

Mailing Address of Contact Person Apt. # City ZIP

**CONDITIONS OF ACCEPTANCE AND AGREEMENT FOR TDAP EQUIPMENT**

*Please completely READ and SIGN the form that indicates you understand and agree to comply with the following conditions upon acceptance of ALL TDAP Equipment (equipment):*

- All equipment is the property of the State of Oregon. I will use the Equipment in compliance with Oregon laws and regulations, including OAR Chapter 830 Division 33.
- I will not sell, give away, or loan any Equipment to anyone. 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. A price list of the most current prices for previous used and current Equipment is available upon request.
- I am responsible for the appropriate care of all Equipment and must not use it or allow it to be used for any purpose other than accessing telephone services.
- I will return the defective or damaged Equipment at the PUC's expense. The PUC will repair or replace the returned equipment at its discretion. Upon request, the PUC will ship the repaired or replaced equipment to me.
- **If any Equipment is stolen, I must notify the local law enforcement agency within 24 hours of the time the theft is discovered. I agree to give a copy of the police report to the TDAP office within five (5) business days of the date the theft was reported.**
- **If any Equipment is damaged due to floods, storms, fire, or other acts of nature, I must submit an insurance, fire department, police report, or other similar report about the event to the TDAP office within five (5) business days after the date the event occurred.**
- I agree to notify TDAP office of any changes (name, address, phone number, etc.) If I move to another place in Oregon, I must report my new address to the TDAP office within thirty (30) calendar days of the move.
- I am responsible for the purchase of Equipment supplies, such as TTY paper, light bulbs, batteries, service, and the costs related to the use of the Equipment if I fail to return it before moving out of Oregon.
- I must return all Equipment to the TDAP office before I permanently move out of Oregon. I am liable for the replacement cost of any Equipment I fail to return it before moving out of Oregon.
- I must return all Equipment to the TDAP Office within 30 calendar days after termination of telephone service.
- I must obtain written permission from PUC's TDAP Manager before I travel out of the State of Oregon with any Equipment for more than 90 days.
- If I have signed this on behalf of a minor or as a guardian for an adult, I agree to notify the TDAP office about a change in responsibility within five (5) calendar days of the event (for example, the minor reaches 18 or there is a change of guardian), I agree that TDAP will bill me for any Equipment if the minor does not sign a new Condition of Acceptance and Agreement within 30 calendar days after the minor's 18<sup>th</sup> birthday.

**All statements I have made in this application form are true and correct to the best of my knowledge.**

Signature of Applicant or Parent / Guardian (If Applicant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

# SECTION B

## PROFESSIONAL CERTIFICATION FORM

***This section to be completed by ONLY a licensed physician, speech pathologist, audiologist, vocational rehabilitation counselor, or hearing aid specialist.***

### DEAF/HARD OF HEARING

<b>Equipment Available:</b>	<b>Accessories Available:</b>
<input type="checkbox"/> TTY	<input type="checkbox"/> Loud Ringer
<input type="checkbox"/> Dialogue VCO Telephone w/ built-in loud ringer	<input type="checkbox"/> Signal Device
<input type="checkbox"/> CapTel w/ built-in loud ringer and training DVD	
<input type="checkbox"/> Uniphone 1140	<b>Optional Accessories for Hearing Aid Users (with T-Coil):</b>
<input type="checkbox"/> XL-40 Amplified Phone w/ built-in loud ringer <i>(Moderate to severe)</i>	<input type="checkbox"/> Neckloop
<input type="checkbox"/> XL-50 Amplified Phone w/ built-in loud ringer <i>(Severe or greater)</i>	<input type="checkbox"/> Silhouette - Single
<input type="checkbox"/> CapTel Phone w/ built-in loud ringer and USB Port*	<input type="checkbox"/> Silhouette - Dual
<input type="checkbox"/> Pro80 TTY with Large Visual Display*	

*\* For those who are both deaf/hard of hearing and vision impaired*

### VISION IMPAIRMENT

<b>Equipment Available:</b>	
<input type="checkbox"/> JV 35 Big Button Phone w/ built-in loud ringer (Black Buttons w/ White Numbers)	<input type="checkbox"/> JV 35 Big Button Phone w/ built-in loud ringer (White Buttons w/ Black Numbers)

### SPEECH IMPAIRMENT

<b>Equipment Available:</b>	
<input type="checkbox"/> TeliTalk (Electrolarynx Telephone)	<input type="checkbox"/> XL-25s Amplified Weak Speech Phone

### MOBILITY IMPAIRMENT

<b>Equipment Available:</b>	<b>RC 200 Speakerphone Accessories:</b>	
<input type="checkbox"/> RC 200 Remote Controlled Speaker Telephone	<input type="checkbox"/> Pillow Switch	<input type="checkbox"/> Headset
	<input type="checkbox"/> Lapel Mic	<input type="checkbox"/> Foot Switch
	<input type="checkbox"/> Air Switch	

***Please mark all applicable impairments.  
Leaving this section blank will result in automatic denial of your application.***

#### Hard of Hearing/Deaf:

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Moderate to Severe | <input type="checkbox"/> Vision/Blind  | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Severe             | <input type="checkbox"/> Severe Speech | <input type="checkbox"/> Upper    |
| <input type="checkbox"/> Profound           | <input type="checkbox"/> Cognitive     | <input type="checkbox"/> Lower    |
|   |  | <input type="checkbox"/> Both     |

***I hereby certify that \_\_\_\_\_ requires the use of specialized  
(Applicant's Name - Last, First, Middle)  
telecommunications equipment to communicate effectively on the telephone.***

_____ Name (Print or Type)	_____ Title	_____ License Number	
_____ Street	_____ City	_____ State	_____ ZIP
( ) - ( ) Telephone	( ) - ( ) Fax	_____ Signature	_____ Date