



# APPLICATION

A FREE program REQUIRED and GOVERNED by Illinois Law

Illinois Telecommunications Access Corporation

**800-841-6167 V/TTY**

**www.itactty.org**

**BASIC REQUIREMENTS:**

- Legal Resident of Illinois
- Standard Phone Service in Applicant's Residence (Cellular, Internet Based, Wireless, VOIP, and Cable Services are **NOT Eligible**.)
- Certified by approved certifier identified on Page 2 that Applicant is deaf, hard of hearing, speech disabled or deaf/blind and unable to use standard phone service.

**INSTRUCTIONS:**

- 1. Return this Original, Completed Application to: ITAC, 3001 Montvale Drive, Suite D, Springfield, IL 62704**
- 2. Include a Copy of Page 1 of your most recent telephone bill (The page that shows the name, address and telephone number)**
- 3. Include Proof of Residency: Copy of a Driver's License, State ID or piece of mail showing the Same Address as on the application.**

Full Name (Mr., Mrs., Ms.) (Please print)		Area Code & Telephone Number
Social Security Number	Date of Birth (Month/Day/Year)	
Street Address	Apt. #	City, State, Zip Code
E-Mail Address of Applicant	Name of Local Telephone Company	

**Disability:**

- Deaf
- Late Deafened
- Hard of Hearing
- Speech Disabled
- Deaf/Blind
- Deaf, Hard of Hearing or Speech Disabled with Low Vision

**Equipment Applied For: 1 Unit Only (See Page 2 for Equipment Descriptions)**

- Amplified Telephone (Voucher Program)
- TTY (Voucher Program)
- CapTel (Loan Program)
- Braille Phone (Loan Program)
- TTY with Large Visual Display (Loan Program)

**Method of Communication:**

- Sign Language     Normal Speech Skills
- Lip Reading
- Spanish (available in Chicago only)

- **You will test this Equipment to determine which best meets your needs.**
- Have you previously applied to the ITAC Equipment Distribution Program? Yes \_\_\_ No \_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN IF APPLICANT IS UNDER AGE 18:**

Name:	Social Security Number:	Area Code & Telephone Number
Street Address	Apt. #	City, State, Zip Code
E-Mail Address:	<b>Signature of parent of legal guardian</b> (If applicant is under age 18)	<b>Date:</b>

**This Page To Be Completed by Certifier Only (Not Applicant)**

**Authorized Certifiers Are:**

- Licensed Physicians
- Licensed Audiologists
- Designated DHS Counselors for the Deaf
- Speech and Hearing Consultants with the University of Illinois Division of Specialized Care for Children

**Note: *Hearing Aid Dispensers* are NOT authorized to certify for this program unless they are licensed audiologists.**

**Disability Being Certified:**

- Deaf
- Hard of Hearing
- Speech Disabled
- Late Deafened
- Speech Disabled, Low Vision
- Speech Disabled, Blind\*
- Deaf, Blind\*
- Deaf, Low Vision

\* Does applicant read Braille?

- Yes    No   At what level? \_\_\_\_\_

**State of Disability Is:**

- Temporary
- Intermittent
- Permanent

Serves people who are Deaf with Low Vision and/or Speech disabled with low vision. Calls can be made and received in same manner as a TTY. The LVD unit is a separate piece that is 13 inches wide, 3 ¼ inches tall, 3 ¼ inches deep and attaches to the standard TTY.

**Certifier recommendation is not binding. Final choice will be determined by client's testing of equipment.**

**The goal of this program is to issue you the piece of equipment that works best for you.**

**Equipment Applied For: 1 Unit Only**

**TTY (Voucher Program)**

Serves people who are Deaf and Speech Disabled. Calls can be made from TTY to TTY and to or from a standard phone using a relay service. Choice of three (3) print sizes meets most low vision needs.

**Amplified Telephone (Voucher Program)**

The amplified telephone serves people with moderate to severe hearing loss using the standard phone system.

**CapTel Phone – Captioned Telephone (Loan Program)**

Serves people who are Deaf and Late Deafened who MUST have excellent speech skills. Calls are made using a captioning relay service.

**Braille Phone (Loan Program)**

Serves people who are Deaf Blind and/or Speech Disabled Blind. MUST read Braille.

**TTY with Large Visual Display (Loan Program)**

Name of Certifier (please print)	
Title	State License Number
Certifier's Address	
City, State, Zip	Area Code & Telephone Number
Name of Applicant	Applicant's Social Security Number

*I affirm that the person named on this application meets the certification requirements of being Deaf, hard-of-hearing, speech disabled or deaf-blind as stated above to the extent that they are unable to use the standard telephone.*

**Certifier's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>For ITAC office use only: Approved</b> _____ <b>Date</b> _____
---