

New Jersey Department of Human Services Division of the Deaf and Hard of Hearing

Equipment Distribution Program Eligibility Application



The New Jersey Division of the Deaf and Hard of Hearing (DDHH) provides free assistive devices to deaf or hard of hearing individuals through the Equipment Distribution Program (EDP). Since 1993, the DDHH has operated this program to ensure that New Jersey residents with hearing loss have access to critical telecommunications and vital home safety alerting equipment. Upon meeting program eligibility, individuals receive communication devices at no cost.

Program Eligibility:

Must have hearing loss

Trenton, NJ 08625-0074

- Must be a New Jersey resident
- Total combined household income must not be greater than 400% of the federal poverty level.

Number of people living in household	2024 Federal Poverty Guidelines
1	\$60,240
2	\$81,760
3	\$103,280
4	\$124,800
5	\$146,320
*For each additional person, add \$21,520	Source U.S. Department of Health and Human Services

Please complete the application using the checklist below:

\sqcup A ${f copy}$ of ONE (1) document from ${f List}$ ${f A}$ to establis	sh residency and identity. (Page 2)
☐ OR a copy of ONE (1) document from List E	B to establish identity AND a copy of ONE (1) document to
establish residency. (Page 2)	
□ Applicant's signature (Page 2)	
\square Include email address for UPS tracking updates (Pa	ige 3)
☐ Certification of Disability completed by treating provi	ider, with signature. (Page 4)
☐ Review of Conditions of Acceptance, with signature	. (Page 5)
□ Items selected (Pages 6-9)	
\square Joint or individual ${f copy}$ of most recent tax return ${f c}$	or W2s showing household income or a letter from
your Employer or Award Letter from a Social Service	Agency or US Department of Veterans Affairs.
☐ Submit application by mail, fax, or email:	
DDHH Equipment Distribution Program	Fax: 609-588-2528
PO Box 074	Email: <u>DDHH.communications2@dhs.nj.gov</u>

SECTION 1: Please provide a copy of one (1) document from List A OR a copy of one (1) document from List B AND a copy of one (1) document from List C.

List A	List B	List C
Documents that establish both identity and residency	Documents that establish identity	Documents that establish residency
Please select one from the list below	Please select one from the list below	Please select one from the list below
 NJ or Municipal ID card NJ Driver's License NJ Student ID Utility, cell phone, or internet bill Bank/insurance statement Tax Returns, last two years Paystub from employer Rent receipt, lease, mortgage Letter from social service agency Letter from health care provider Letter from government agency 	 Student ID card Student Transcript Passport Birth Certificate Driver License from another country Consulate ID card A child's U.S. birth certificate and your name Letter from IRS or ITIN Marriage Certificate Divorce Decree U.S. court 	Signed and dated letter including the full name and phone number of the individual writing the letter from one of the following: • Landlord • Representative of worship • Medical provider • Service provider • Shelter acknowledging NJ residency

document

New Jersey Equipment Distribution Program <u>Application Form</u>

SECTION 2: This form will be scanned for computerized data capture. Please follow the instructions to ensure that the application is processed quickly and accurately.

- Use blue or black ink only.
- Print clearly, in uppercase letters.
- Correct errors with white correction fluid.

First Name:		_ Middle Initial:	
Last Name:		_	
Telephone Number:			
Check one: ☐ Cell	□ Home	☐ Videophone	
Email Address:		-	
IMPORTANT : Email add	lresses will be used	to provide UPS trad	cking updates.
How do you identify: □ □	eaf \square	Hard of Hearing	
Check one: ☐ Mild	☐ Moderate	\square Profound	\square Unable to speak or sign
Mailing Address			
Street:		_ City:	
County:			
Physical Address (if different from	om Mailing Address)	
Street:		_ City:	
County:		_ Zip Code:	
I certify to the best of my knowled information in this application is	•	e program's eligibility	requirements and the
Applicant's Signature:		Dato	

New Jersey Equipment Distribution Program Form Certification of Disability

SECTION 3: This portion of the application must be completed by a treating service provider. Provider, please verify and certify that the applicant will benefit from the use of the requested technology.

This form will be scanned for computerized data capture. Please follow the instructions to ensure that the application is processed quickly and accurately.

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- Print clearly, in uppercase letters.
- Correct errors with white correction fluid

Applicant's Name:	
Provider's Information:	
First Name:	Middle Initial:
Last Name:	
Business Information:	
Street:	City:
County:	Zip Code:
Telephone Number:	Fax Number:
Email Address:	
Certification/License Number:	
Expiration Date (MM/DD/YY):	
Provider's Profession:	
☐ Doctor/Physician	
☐ Audiologist	
☐ Hearing Aid Specialist Speech	
☐ Pathologist☐ Other (please describe):	
	<u> </u>
Signature	Date:

New Jersey Equipment Distribution Program Conditions of Acceptance

SECTION 4: Please review the following section in its entirety.

I understand and agree to the following:

- Equipment is the property of the State of New Jersey. I will not sell, pawn, give, or loan the
 equipment to individuals outside of my household. If I do, I understand I can be criminally
 prosecuted.
- The NJ DDHH is not responsible for service plans or bills associated with equipment.
- I will protect the equipment from damage.
- If the equipment is not working, I will NOT try to repair it or take it apart. I will contact DDHH for instructions on returning the equipment. Equipment, including all accessories, should be returned to the manufacturer in its original box if the warranty has not expired.
- If the equipment is returned and NJ DDHH determines it has been damaged, a replacement will NOT be allowed.
- If the equipment is reported as lost, a replacement will NOT be allowed.
- If the equipment is stolen or damaged by someone other than me, I will report it to the police and provide a copy of the police report to NJ DDHH before replacement is allowed.
- It is against the law to file false statements. If I provide false statements in this application or regarding equipment, I understand I can be criminally prosecuted.
- I agree to indemnify the State of New Jersey from any and all claims, damages, and expenses that arise out of the use or misuse of equipment by myself or anyone else.
- If there is a change in address or phone number, I will provide the new information to NJ DDHH within 30 days.
- If I move to another state, I will contact NJ DDHH to arrange the return of equipment before I move.
- If I am a minor, all equipment, obligations, and responsibilities will be transferred to me when I turn 18.
- I will make arrangements to return my equipment in the event of my death.
- Households must wait five (5) years before receiving another phone through this program.
- A limit of one (1) smoke detector or baby alert system is provided within this program.
- If I fail to follow these Conditions of Acceptance, I can be denied the benefit of having equipment offered by the NJ DDHH.

Applicant's Signature:	Doto	
Abblicant's Signature.	Date:	

New Jersey Equipment Distribution Program

Items Available Through EDP

HOMEAWARE + SMOKE/CO ALERT PHONE DOOR SMOKE/CO Main Home Name A Hom	The Sonic Alert HomeAware Fire and CO Signaler is a flashing strobe light with a built-in smoke / CO listener, phone, and bed shaker. This device is for use with existing smoke detector and/or CO2 alarm system.
Right Merels	The Nighthawk 900-0230 is a battery-operated carbon monoxide alarm that provides reliable protection against the dangers of carbon monoxide, and has a 7-year limited warranty. It is recommended that this item be paired with the Sonic Alert HomeAware device.
ring	The Ring Video Doorbell 2 is a smart security system that can be monitored from anywhere. The doorbell is battery powered with the option to hardwire and comes with a rechargeable battery pack.
	The Sonic Alert is perfect for smoke alerts in other rooms. This does not replace existing smoke

Division of the Deaf and Hard of Hearing New Jersey Equipment Distribution Program

listener system.

detectors. This will pair well with the HomeAware alert

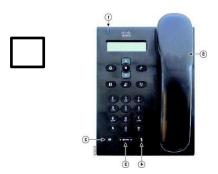
New Jersey Equipment Distribution Program Items Available Through EDP



The Clarity XLCR Amplified Cordless Extra Loud (50dB) phone with tone control including 4 settings, boost button, and volume control wheel to give provide a customized listening experience



The Geemarc Amplipower 60 Plus Amplified Telephone has a receiver volume control of up to 67dB and an adjustable ringer volume. The speaker offers clearer reception and tone control of plus or minus 10 dB.



The Cisco Unified SIP Phone 3905 provides accessibility features for the hard of hearing, blind, and mobility impaired. Because many of these features are standard, they can be used by users with disabilities without requiring special configuration.

<u>IMPORTANT</u>: Unfortunately, the CapTel 840+ is no longer in service. Please contact Customer Service at CapTel for more information. Captel can be reached via phone at (888) 269-7477, email CapTel@CapTel.com, or visit www.CapTel.com. Individuals who currently have the CapTel 840+ may contact CapTel to request an upgrade to an internet model.

New Jersey Equipment Distribution Program

Items Available Through EDP



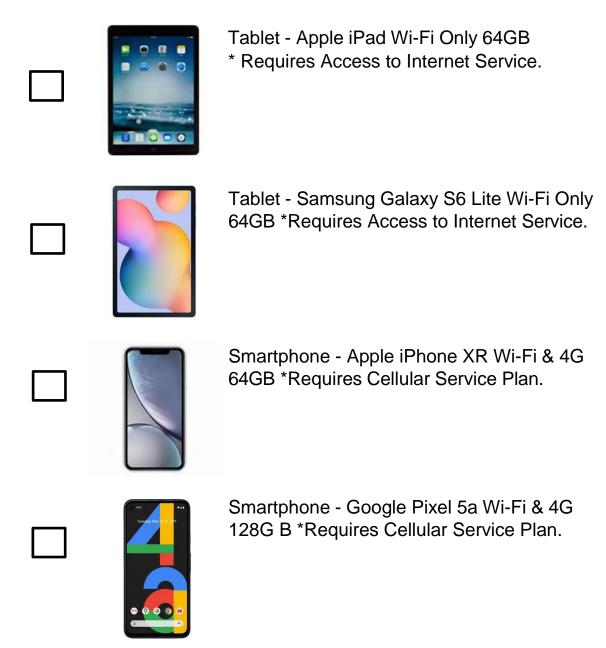
The Minicom IV has an easy-touch keyboard with a bright, tilted 20-character display and includes a printer port to connect an external printer.



VTech DM221 Digital Audio Baby Monitor is a simple, 2-piece baby monitoring system that works great for deaf & hard of hearing parents or caregivers

New Jersey Equipment Distribution Program

Choose ONE from this list:



IMPORTANT:

If a Smartphone is selected, the individual must agree to get a cellular service plan from a provider. The tablets are Wi-Fi only and do not require a service plan. All Smartphones offered in this program are "unlocked" so that the individual may choose a service provider of their choice.

For individuals who need low-cost internet service there may be an option through the FCC Emergency Broadband Benefit - https://www.fcc.gov/broadbandbenefit

The device will come with the following deaf and hard of hearing accessible apps pre-installed:

IP Relay, Video Relay Service, IP Captioned Telephone Service, Video Calls & Video Messaging.

All devices include a 3-year warranty. DDHH does not provide cases. We urge you to purchase a protective case for the device selected. These devices are subject to breakage if they are dropped. DDHH will not replace a device that is damaged due to breakage.

SECTION 5: If you are assisting someone else in completing this application, please complete the following portion.

This form will be scanned for computerized data capture. Please follow the instructions to ensure that the application is processed quickly and accurately.

• Use blue or black ink only.

EMAIL:

DDHH.communications2@dhs.nj.gov

- Print clearly, in uppercase letters.
- Correct errors with white correction fluid

 1. Please check one of the following boxes □ Family Member □ Friend □ Attorney □ Agency 	s regarding relationship to the applicant. ☐ Advocate ☐ Social Worker ☐ Other (please specify): ————
Last Name:	Suffix (Jr., Sr., etc.):
First Name:	Middle Initial:
Street Address:	
City:	State: Zip Code:
Preparer's Signature:	Phone Number:
PLEASE SU	IBMIT THE FORM BY:
MAIL:	OR FAX:
Division of the Deaf and Hard of Hearin	g (609) 588-2528
Equipment Distribution Program PO Box 074	FOR MORE INFORMATION, CALL:
Trenton, NJ 08625-0074	(609) 588-2648

Division of the Deaf and Hard of Hearing New Jersey Equipment Distribution Program

(800) 792-8339

(609) 503-4862 videophone