



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

Equipment Distribution Program Form

The New Jersey Division of the Deaf and Hard of Hearing provides free assistive devices to those who are deaf or hard of hearing and who meet income eligibility requirements. Total combined household income of applicant must be less than \$45,000 annually.

Please follow this checklist to complete this application.

- A copy of NJ government issued ID, such as a driver's license or identification card
- A copy of your NJ telephone bill and/or internet service showing your name, address, and telephone number
- A copy of your most recent pay stubs or source of income, i.e. SSI, SSDI OR a copy of your most recent Federal Income Tax Form 1040 and/or NJ Income Tax Form 1040
- Completed Application (*please print legibly or complete form online and then print for signatures*)
- Completed Certification of Disability (*please print legibly or complete form online and then print for signatures*)
- Check the equipment requested
- Return all pages of this form to:

**DDHH Equipment Distribution Program
PO Box 074
Trenton, NJ 08625-0074**

Fax: 609-588-2528

DDHH.communication2@dhs.nj.gov

New Jersey Equipment Distribution Program Form

Application Form

Please type or print clearly in blue or black ink.

First Name: _____ Middle Initial: ____ Last Name: _____

Mailing Address

Street – line 1: _____

Street – line 2: _____

City: _____ County: _____ Zip Code: _____

Telephone Number: _____ (check one) Voice VP Fax TTY/TDD Cell

Email: _____

Physical Address *(If not the same as mailing address)*

Street – line 1: _____

Street – line 2: _____

City: _____ County: _____ Zip Code: _____

Proof of Identity

Please provide a copy of each as described below:

- A copy of your NJ Photo Driver's License or your NJ Photo State ID
- A copy of your NJ telephone bill and/or internet service showing your name, address, and telephone #
- A copy of your most recent pay stubs or source of income i.e. SSI, SSDI **OR** a copy of your most recent Federal Income Tax Form 1040 and/or NJ Income Tax Form 1040

How do you identify your disability: (Please check one)

Deaf Hard of Hearing: Mild Moderate Profound Unable to speak intelligibly

If the requested item is for a **minor** please provide the following:

Child's First Name: _____ Middle Initial: ____ Last Name: _____

Child's Date of Birth: *(mm/dd/yyyy)* _____

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

Applicant's Signature: _____ Date: _____

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Certification of Disability

Certifier: Please identify and verify that the applicant will benefit from the use of the requested technology. Please type or print clearly in blue or black ink.

Applicant's Name: _____

Today's date:(*mm/dd/yyyy*) _____

Certifier's Name

First Name: _____ Middle Initial: _____ Last Name: _____

Business Name: _____

Street – line 1: _____

Street – line 2: _____

City: _____ County: _____ Zip Code: _____

Telephone Number: _____ Fax: _____

Email: _____

Certification/License Number: _____

Expiration Date:(*mm/dd/yyyy*): _____

Your Profession:

Doctor/Physician

Audiologist or Hearing Aid Specialist

Speech Pathologist

Social Worker

Other (Please describe) _____

Signature: _____ Date: _____

Equipment Distribution Program Form

NJ DDHH Conditions of Acceptance

I understand and agree to the following:

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

Applicant's Signature: _____ Date: _____

New Jersey Equipment Distribution Program Form

Items for the Equipment Distribution Program



The **7139** for wall mount is a photoelectric single station smoke alarm designed to give reliable early warning of the presence of smoke where both audible and visual alarms are required



The wireless **BC400 Baby Cry Transmitter** is a small unit that immediately alerts you when your baby starts crying by sending a signal to a Sonic Alert receiver. At least one Sonic Alert remote receiver needs to be used with the BC400 transmitter.

A sensitivity knob lets you adjust how sensitive the BC400 transmitter should be to detect your baby's cries, depending on where you place the unit.



This **Sonic Alert Sonic Blink** compact receiver features a built-in, high intensity strobe alert that projects light a full 360 degrees, eliminating blind spots. This strobe light is up to 8 times brighter than add-on strobes. It can even be placed behind objects such as furniture.



The **Clarity® Alto™** amplified telephone makes calls easier for people with hearing loss, with up to 53dB amplification.



The **CapTel 840 PLUS** gives you the flexibility to meet users' telephone needs with just one device - whether they have traditional analog lines.

New Jersey Equipment Distribution Program Form



Servox

The **Servox**® digital speech aid can be used by those who have lost their voices due to injury, illness or surgical removal of the larynx, the opportunity to make themselves quickly understood again. It also can be used by those who have temporary speech loss after a tracheotomy or are attached to a respiration device. Patients who have mastered the oesophageal voice can use the Servox in various situations, such as on the phone, during business conferences, if tired, ill or in emergency situations and environments where it is necessary to raise their voice.

The Servox is the only speech aid which offers the possibility of programming both buttons with different volume and frequency settings. This makes it possible to pre-set the device for use in certain situations. Two year warranty on speech device and charger unit (6 month warranty on battery).



TruTone

The **TruTone** is a highly adjustable hand-held electrolarynx that produces an excellent voice for people with vocal speech difficulties. The unit is made of impact resistant materials and operates on standard 9 volt batteries. Using its pressure sensitive button, you can add intonation to your voice to create a more natural speech. A wide volume range is possible using the volume control knob. The TruTone weighs less than 5 ounces with the battery and is made of durable impact-resistant materials.

