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

Equipment Distribution Program Eligibility Application

The New Jersey Department of Human Services' (DHS) 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
- 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	2025 Federal Poverty Guidelines
1	$62,600
2	$84,600
3	$106,600
4	$128,600
5	$150,600
*For each additional person, add $22,000	Source U.S. Department of Health and Human Services

Please complete the application using the checklist below:

☐ A **copy** of ONE (1) document from **List A** to establish residency and identity. **(Page 2)**
  ☐ OR a **copy** of ONE (1) document from **List B** to establish identity AND a **copy** of ONE (1) document to establish residency. **(Page 2)**
☐ Applicant's signature **(Page 2)**
☐ Include email address for UPS tracking updates **(Page 3)**
☐ Certification of Disability completed by treating provider, with signature. **(Page 4)**
☐ Review of Conditions of Acceptance, with signature. **(Page 5)**
☐ Equipment selected **(Pages 6-9)**
☐ Joint or individual **copy** of most recent tax return 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
PO Box 074
Trenton, NJ 08625-0074

Fax: (609) 588-2528
Email: DDHH.communications2@dhs.nj.gov

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

Documents that establish both identity and residency

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

List B

Documents that establish identity

Select one from the list below

- 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 document

List C

Documents that establish residency

Select one from the list below

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

New Jersey Equipment Distribution Program
Application Form

SECTION 2: This form will be scanned for computerized data capture. Print clearly, in uppercase letters and use blue or black ink only. Correct errors with white correction fluid.

IMPORTANT: If the equipment is for a minor, please complete this application on behalf of the minor.

First Name: _____ Middle Initial: _____

Last Name: _____ Pronoun(s): ☐She/Her ☐ He/Him ☐ They/Them

DOB: _____/_____/_____

Telephone Number: _____

Check one: ☐ Cell ☐ Home ☐ Videophone

Email Address: _____

IMPORTANT: Email addresses will be used to provide UPS tracking updates.

How do you identify: ☐ Deaf ☐ Hard of Hearing ☐ Late-Deafened

Level of Hearing Loss: ☐ Mild ☐ Moderate ☐ Profound

Primary Language:

☐ American Sign Language ☐ English ☐ Spanish ☐ Other: _____

Mailing Address:

Street: _____ City: _____

County: _____ Zip Code: _____

Physical Address (if different from Mailing Address)

Street: _____ City: _____

County: _____ Zip Code: _____

I certify to the best of my knowledge that I meet the program's eligibility requirements and the information in this application is true and correct.

Applicant Signature _____ Date: _____

SECTION 3: If you (or your spouse, if married and living together) receive income from any of the sources listed below, enter the total current yearly income. DO NOT INCLUDE CENTS. If you or your spouse do not receive income from any of the sources listed below, please check the NONE.

IMPORTANT: Copies of all relevant, supporting documents must be submitted with the application.

1. Social Security Benefits (Net)	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
2. Medicare Part B Premium (if deducted from Social Security check)	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
3. Medicare Part D Premium (if deducted from Social Security check)	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
4. Interest (including tax-exempt)	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
5. Dividends	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
6. IRA Distributions	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
7. Railroad Retirement	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
8. Veterans	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
9. Other pensions	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
10. Annuities	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
11. Salary (Gross, before payroll deductions)	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
12. Other income not listed above (please specify): ☐ Net Rental ☐ Worker's Comp ☐ Alimony ☐ **Other	☐ YOU: ☐ SPOUSE:	☐ NONE ☐ NONE	$_____ $_____
** Identify "Other" source of income: _____			

New Jersey Equipment Distribution Program
Certification of Disability

SECTION 4: 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. Print clearly, in uppercase letters and use blue or black ink only. Correct errors with white correction fluid.

Applicant Name**:** _____

Provider 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 Profession:

☐ Doctor/Physician
☐ Audiologist
☐ Hearing Aid Specialist Speech
☐ Pathologist
☐ Other (please describe): _____

Provider Signature: _____ Date: _____

New Jersey Equipment Distribution Program
Conditions of Acceptance

SECTION 5: Please review the following section in its entirety.

I understand and agree to the following (please initial each line to confirm understanding and agreement):

_____ 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.

_____ If the equipment request is for a minor, all equipment, obligations, and responsibilities will be transferred at the age of 18.

_____ DHS and DDHH are not liable for any and all claims, damages, and expenses that arise out of the use or misuse of equipment by myself or anyone else.

_____ Signature is required for delivery.

_____ DDHH emails tracking information, I understand I am responsible for delivery tracking.

_____ DDHH is not responsible for packages that may be lost or stolen, I will monitor delivery to ensure receipt.

_____ After three (3) delivery attempts, the shipping service will return the equipment to sender.

_____ If I do not provide changes to information, including but not limited to a change in address, phone number, or email address to DDHH, shipping may be delayed.

_____ DHS and DDHH are not responsible for service plans or bills associated with equipment.

_____ DDHH will **not** replace a device that is damaged due to breakage, it is recommended a protective case be purchased if applicable.

_____ If the equipment is not working, I will **not** try to repair it or take it apart.

_____ If equipment is returned and DDHH determines it has been damaged, a replacement will **not** be allowed.

_____ Equipment will only be replaced if it is within the warranty period.

_____ 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, a police report must be filed and a copy of the report must be provided to DDHH before a replacement is allowed.

_____ Before an out of state move, I will contact DDHH to arrange the return of equipment.

_____ Arrangement must be made to return equipment if I am unable to do so.

_____ There is a wait of five (5) years before requesting identical equipment. I can reapply for identical equipment after five (5) years.

_____ There is a limit of one (1) identical equipment per application.

_____ There is a limit of one (1) wireless device per application.

_____ If a Smartphone is selected, a cellular service plan is required. All Smartphones offered in this program are “unlocked” so that the individual may choose a service provider of their choice.

_____ I am responsible for the cost for the cellular plan. Applicants in need of low-cost internet service may be eligible through LifeLine: Home - Universal Service Administrative Company (lifelinesupport.org)

_____ The tablets are Wi-Fi only and do not require a service plan.

_____ DDHH does not provide protective cases for the wireless devices. The devices are subject to breakage, if they are dropped. DDHH will not replace a device that is damaged due to breakage.

_____ 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.

_____ If I fail to follow these Conditions of Acceptance, I can be denied the benefit of having equipment offered by the NJ DDHH.

Applicant Signature: _____ Date: _____

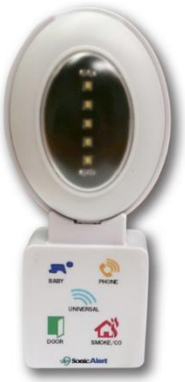
New Jersey Equipment Distribution Program

Devices Available: (Select All That Apply)

☐ 

Sonic Alert HA360MK-II

- Includes HA360M-II HomeAware Main Unit with Integrated Smoke/Co Listener
- Includes HA360SA Doorbell Button
- Includes HA360V-II Bed Shaker
- Scrolling 2-inch alert display
- Strobe, vibration, and audible notifications
- Up to a 105dB audible alarm
- Customizable alerting
- Accessible through available smartphone app
- Works with weather radio and home security system
- One (1) year warranty.

☐ 

Sonic Alert HA360B

- Optional, add on to the Sonic Alert HA360MK-II
- Connects to the HomeAware Main unit, transmitters, and receivers
- Ultra-high brightness strobe for maximum visibility
- Fully-charged battery lasts for 48 hours
- Charges full within two (2) hours
- One (1) year warranty

☐ 

Kidde Nighthawk 900-0230

- Carbon monoxide alarm
- Digital display
- Continuous digital readout
- Ten (10) year warranty

New Jersey Equipment Distribution Program

Devices Available: (Select All That Apply)

☐

Clarity D714

- Cordless Amplified phone
- Amplifies incoming sound up to 40dB
- Extra-large backlit buttons
- Handset speakerphone
- Belt slip and 2.5 mm handset jack
- Eliminates feedback and distortion
- Hearing aid compatible
- One (1) year warranty

☐

Geemarc AmpliPower60+

- Corded Amplified phone
- Receiver volume control of up to 67dB
- Tone control ± 10dB
- Adjustable ringer volume
- Hearing aid compatible
- Extra bright visual ringer indicator (strobe)
- Shaker output
- One (1) year warranty

☐

Minicom IV

- Teletypewriter (TTY)
- Turbo Code and Auto ID
- Tilted 20-character display
- 43-key, 4 row keyboard
- Printer port to connect an external printer.
- One (1) year warranty

☐

VTech DM221

- Baby monitor
- DECT6.0 digital technology eliminates background noise and prevents interference
- Vibrating sound-alert
- 5- level sound indicator for visual monitoring
- Doubles as a night light
- One (1) year warranty

New Jersey Equipment Distribution Program

Devices Available: (Select ONE)

☐ 

Tablet - Apple iPad

- 64GB
- Wi-Fi only
- Requires access to internet service
- Includes a three (3) year warranty

☐ 

Tablet - Samsung Galaxy

- 64GB
- Wi-Fi only
- Requires access to internet service
- Includes a three (3) year warranty

☐ 

Smartphone - Apple iPhone

- 128GB
- Wi-Fi and 4G
- Requires access to internet service
- Includes a three (3) year warranty

☐ 

Smartphone - Google Pixel

- 128GB
- Wi-Fi and 4G
- Requires access to internet service
- Includes a three (3) year warranty

IMPORTANT: 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.

SECTION 6: If assisting someone with completing this application, please complete the following portion.

This form will be scanned for computerized data capture. Print clearly, in uppercase letters and use blue or black ink only. Correct errors with white correction fluid.

1. Please check one of the following boxes regarding relationship to the applicant.

☐ Guardian/Family Member
☐ Friend
☐ Attorney
☐ Agency
☐ Advocate
☐ Social Worker
☐ Other (please specify): _____

Last Name: _____ Suffix (Jr., Sr., etc.): _____

First Name: _____ Middle Initial: ____

Email Address: _____

IMPORTANT: Email addresses will be used to provide UPS tracking updates.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preparer's Signature: _____ Phone Number: _____

PLEASE SUBMIT THE FORM BY:

MAIL:
Division of the Deaf and Hard of Hearing
Equipment Distribution Program
PO Box 074
Trenton, NJ 08625-0074

EMAIL:
DDHH.communications2@dhs.nj.gov

OR FAX:
(609) 588-2528

FOR MORE INFORMATION, CALL:
(609) 588-2648
(800) 792-8339
(609) 503-4862 videophone

FOR OFFICE USE ONLY:

☐ ELIGIBLE ☐ INELIGIBLE, REASON: _____

VERIFIED BY: _____ DATE: _____

VERIFIED BY: _____ DATE: _____