



**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.communications2@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 N J 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 ___

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

Applicant's Signature: _____ Date: _____

DDHH Equipment Distribution Program
PO Box 074, Trenton, NJ 08625-0074
Phone: 609-588-2648 or 800-792-8339, Fax: 609-588-2528
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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: _____

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

Other (Please describe) _____

Signature: _____ Date: _____

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NJ DDHH Conditions of Acceptance

I understand and agree to the following:

- The NJ DDHH is not responsible for my Wi-Fi 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 or baby alert system is provided through this program.
- Households must wait five (5) years before receiving another free phone.

Applicant's Signature: _____ Date: _____

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Items for the Equipment Distribution Program



The Gentex **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. *It is recommended that this item be paired with the Sonic Alert HomeAware device.*



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.*



The Sonic Alert HomeAware Fire and CO Signaler (flashing strobe light) - with built-in Smoke / CO listener, Phone, and Bed Shaker. This device is for use with your smoke detector and/or CO2 alarm system.



The SadoTech Wireless Doorbell is perfect for apartments and single-story homes. The indoor range is 500'. It has adjustable volume and multiple tone options.

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Items for the Equipment Distribution Program



The Panasonic KX-TGM450S with Volume Boost control for amplified caller voice volume up to 50 dB, plus six-level voice Tone Settings and a loud base unit Ringer.



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 any special configuration.



The CapTel 840 Plus gives you the flexibility to meet users' telephone needs with just one device. It works with an analog telephone line.

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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



The Sonic Alert Traditional System BC400 Baby Cry Transmitter is a wireless infant baby monitor alerts to baby's cries. It comes with an adjustable baby cry sound sensitivity control and plugs into any wall outlet.



The Sonic Blink wireless receiver, the BL300 has a built-in strobe light, designed for signaling. This powerful signal receiver's strobe light projects 360 degrees of flashing to remove blind spots.