State of New Jersey
Department of Human Services
Division of the Deaf and Hard of Hearing
Application for the Equipment Distribution Program
Telephone Device

Check Only One Box
If unsure which to choose, call one of our field representatives at 609-588-2648

Amplified Telephone
Alto by Clarity

Description: The **Amplified Telephone** allows you to increase volume and control tone to improve hearing the person at the other end of the call. ☐

Recommended for people who are hard of hearing and benefit from increased volume.

CapTel
by Ultratec

Description: Allows people to receive word-for-word captions of their telephone conversations.

What phone service do I need to use CapTel 840?
A traditional analog telephone line. ☐

NOTE: *If you have internet service, contact our office at* ***609-588-2648*** *for a referral.*

Recommended for people who speak and read the conversation.

NOTE: TTY's and Hearing Carry Over phones for people who are speech impaired are also available.

Last Name **[PLEASE PRINT CLEARLY]** First Name **[PLEASE PRINT CLEARLY]**

Street Address **[PLEASE PRINT CLEARLY]** (Will not be delivered to PO Box)

City **[PLEASE PRINT CLEARLY]** State Zip Code

Home Phone Number Required E-mail or Fax Date of Birth

Applicant must either:

a) Attach an audiogram or written report indicating hearing loss, signed by a licensed audiologist; **OR**

b) Obtain signature below from a licensed audiologist or physician verifying applicant's hearing loss and need for a telephone device; **OR**

c) Obtain signature below from a licensed speech pathologist or physician verifying applicant's speech impairment and need for a telephone device.

Audiologist or Physician or Speech Pathologist

I attest that the information contained in this application is accurate and that I meet the eligibility requirements. I further attest that my annual household income is less than $45,000. I understand that if I have intentionally falsified information on this application, I am responsible for reimbursement of the cost of the device to DDHH.

Applicant's Signature

Before submitting this form, please read Page 3 for eligibility requirements to make sure that you qualify to receive a telephone device.

Return pages 1 and 2 of this form to:

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

General Phone: 609-588-2648 or 800-792-8339; Fax: 609-588-2528

DDHH EQUIPMENT DISTRIBUTION PROGRAM

Telephone Device

Eligibility Requirements

1. Applicant must be a New Jersey resident.

2. Applicant with hearing loss must either:
   a) attach an audiogram signed by a licensed audiologist; **OR**
   b) obtain a signature on this application of a licensed audiologist or physician verifying applicant's hearing loss.

3. Applicant with speech impairment must obtain a signature on this application of a licensed speech pathologist.

4. Household income must be less than $45,000 annually.

5. Information supplied on this form must be clearly printed. Form must be signed by the applicant.

Additional Information

- Only one (1) telephone device per household is provided through this program every five years.
- Telephone device is free of charge to eligible applicants.
- Supply of telephone devices is limited and subject to availability and funding within a given fiscal year.