

Overview

WHAT IS TAP?

The Technology Assistance Program (TAP), which is managed by the Virginia Department for the Deaf and Hard of Hearing, distributes equipment that assists Virginians to become more independent.

WHO CAN USE TAP?

People who are certified as deaf, hard of hearing, DeafBlind, hearing-visually disabled or speech-disabled AND live in the Commonwealth of Virginia. There is no age restriction, but minors must have a parent or guardian co-sign a TAP application order form. Proof of residency is required.

WHAT'S A TEXT TELEPHONE?

A Text Telephone (TTY) is a small portable device, that has a typewriter-style keyboard with an acoustic coupler and/or direct jack connection, for telephone conversations with other people who also have a TTY. If the other person does not have a TTY, you can still use your TTY to call that person through the Virginia Relay at 1-800-828-1120. Voice users can use the relay by calling 1-800-828-1140. Now Virginia Relay is as easy as 711.

WHAT'S A VOICE CARRY OVER (VCO) PHONE?

WHAT IS HEARING CARRY OVER (HCO)?

A VCO Phone allows people who are hard of hearing or deaf to communicate with people who use a standard telephone through the Virginia Relay. In a voice carry over call, the VCO user talks directly to the person on the line. The response, which is typed by the Communication Assistant (CA), appears as text on the screen of the VCO phone. You simply read and talk, without typing. HCO enables persons who are speech disabled to relay their conversations in text. This is read by the CA to the other party. The HCO user hears the caller but responds by typing.

WHAT'S AN AMPLIFIER?

An Amplifier is a volume control that helps some hard of hearing people to hear the speaker's message louder. There are also Speech Amplifiers that help listeners to hear speech disabled people.

WHAT ABOUT SIGNALERS?

There are different kinds of Signalers that will let a person know that the telephone is ringing:

- Visual Signaler: causes a light (i.e. lamp) to flash
- Audible Signaler: has a very loud ring
- Tactile Signaler: vibrates so that a hearing-visually disabled or DeafBlind person can feel it
- Multi-Function Signaler: uses visual and tactile methods to alert the person of different sources of sound (i.e. telephone, alarm clock, doorbell)

WHAT IS TAPLOAN?

TAPLOAN provides individuals and organizations with the opportunity to evaluate equipment available through the Technology Assistance Program (TAP), prior to purchase, for up to 30 days. TAPLOAN also allows people who have purchased equipment through TAP to borrow the same or similar equipment while their own equipment is being repaired. The equipment that TAPLOAN offers includes telephone amplification devices, speech amplifiers, text telephones, voice carry over (VCO) and hearing carry over (HCO) telephones, and telephone ring signalers. Specialists at each site can show you how to hook up and use the equipment. To try a device or to find out more information, contact the TAPLOAN center nearest you. For current loan sites call VDDHH or visit our homepage.



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technology assistance program

DO I HAVE TO PAY FOR THESE DEVICES?

It depends on your whole family income, family size, where your family gets its income, and other factors. You may get equipment at no cost OR, you may have to pay the contract cost. Contact VDDHH if you need more information. (VDDHH reserves the right to verify your income.) **Do not send money to VDDHH with your application.**

WHAT ABOUT WARRANTY SERVICE?

All TAP equipment, except the speech amplifier, tactile signaler, or special purchase equipment, has a five-year warranty. If you have problems with a device, return it directly to the company that sent you the equipment with a note explaining the problem and telling the company that the device is from VDDHH-TAP. If VDDHH sent you the equipment directly, call us first. Repairs are free of charge, unless the device has been abused or misused. You pay the postage to ship the equipment to the company, but the company pays to have the repaired equipment shipped back to you. **Do not send the equipment to VDDHH for repair.**

WHAT DO I DO WHILE MY EQUIPMENT IS BEING REPAIRED?

People who have received equipment through VDDHH-TAP and are waiting for it to be repaired can borrow the same or a similar device from VDDHH through the TAPLOAN program. There is no charge to borrow the equipment, and you may keep the devices for 30 days or until your own equipment is returned. For a list of TAPLOAN sites call VDDHH or visit our homepage.

CAN I GET MORE THAN ONE KIND OF EQUIPMENT?

You can pick one TTY, Amplifier, Amplified phone or a Voice Carry Over (VCO) Phone. You can also pick one Signaler.

IF I ALREADY HAVE TAP EQUIPMENT, CAN I APPLY AGAIN?

You can reapply for new equipment every four (4) years. However, during times of fiscal constraint (low budget), VDDHH may give priority to first-time applicants. When our budget is low, people who have received equipment before MIGHT be able to get equipment again. These people will need to submit proof that the old equipment from VDDHH-TAP is not working AND is no longer covered by the warranty. Contact VDDHH for further renewal information.

SO WHAT DO I DO NOW?

Just complete the TAP application order form, detach, include proof of residency and mail it to:

**Virginia Department for the Deaf and Hard of Hearing
Technology Assistance Program
Ratcliffe Building
1602 Rolling Hills Dr., Suite 203
Richmond, VA 23229-5012**

**For more information, call:
1-800-552-7917 (Voice/TTY)
1-804-662-9502 (Voice/TTY)**

Or visit our homepage: www.vddhh.org

Application Order Form

APPLICATION ORDER # _____

All information listed on the application is confidential; however, name, address, and phone is provided to vendor for purpose of delivery. All questions, except those in shaded areas, are to be answered by the person who is ordering and will be using the equipment. If the person is a minor (under 18 years of age), a parent or guardian should list the answers for the minor (i.e. for question #1, put down the minor's name, not the parent's or guardian's name). If any answer is incorrect, inconsistent or left blank, the application process will be delayed and you may have to fill out additional forms. Please answer every question. Applicants for this program shall be afforded equal opportunity without regard to race, color, religion, national origin, political affiliation, disability, sex or age. Please allow 4 to 6 weeks to process the application.

TEAR HERE

1. **NAME:** _____
LAST FIRST MI

2. **APPLICANT SOCIAL SECURITY NUMBER:** _____ - _____ - _____

3. **THIS APPLICATION IS:** Check "New" if you have never applied for or received TAP equipment before. Check "Renewal" if you received TAP equipment four or more years ago. Check "Exchange" if you received TAP equipment that you can no longer use due to changes in your hearing, speech and/or visual abilities (PROFESSIONAL CERTIFICATION REQUIRED). Check "Replacement" if you received TAP equipment and it has been damaged beyond repair due to natural causes such as lightning, power surges, etc. (DOCUMENTATION OF ATTEMPTS TO REPAIR BY THE COMPANY REQUIRED).

NEW RENEWAL EXCHANGE REPLACEMENT

4. **BIRTHDATE:** ____ / ____ / ____

5. **MARITAL STATUS:**
 SINGLE MARRIED LEGALLY SEPARATED
 DIVORCED WIDOWED A MINOR (Parent must sign application)

6. **WHOLE FAMILY MONTHLY INCOME:** Put down the TOTAL dollar amount that you, your spouse, your children (and anyone else that you are legally required to support or that you claimed on your most recent income tax return) make in one month before taxes or other deductions (i.e. you make \$1300 a month from work, your spouse gets \$800 a month from a private pension plan and your child gets \$100 from SSI: \$1300 + \$800 + \$100=\$2200 per month). PUT DOWN ONLY THE TOTAL AMOUNT. If you have non-preventative medical or dental expenses, please list on a separate piece of paper and submit it with this application. (VDDHH reserves the right to request proof of your income.)

INCOME BEFORE TAXES: \$ _____

7. **TOTAL FAMILY SIZE (INCLUDE YOURSELF):** List the number of people that you are legally required to support or that you claimed on your most recent income tax return. BE SURE TO COUNT YOURSELF! (i.e. you have a spouse and three children: 1 + 3 + yourself=5). If you did not fill out a tax return, count the number of relatives living with you.

TOTAL FAMILY SIZE (INCLUDE YOURSELF): _____



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8. **IS YOUR INCOME FROM PUBLIC ASSISTANCE ONLY?** Check "Yes" if all your income is ONLY from public assistance. Check "No" if your income is from other sources. Public assistance includes: Temporary Assistance to Needy Families (TANF); Social Services Auxiliary Grants to the aged, blind or disabled; Medical Assistance; Food Stamps; General Relief; and Fuel Assistance.

YES NO

9. **HOME ADDRESS:** Print your complete home address that you use for regular mail.

HOME ADDRESS (regular mail/letters)

STREET ADDRESS:

CITY

STATE

ZIP CODE

The agency has an electronic newsletter. If you would like to be added please check the box.

ADD MY NAME TO AGENCY EMAIL LIST – MY EMAIL ADDRESS _____

10. **SHIPPING INFORMATION:** Your equipment will be shipped to your local Outreach Specialist. The Outreach Specialist will contact you to schedule delivery and hook-up. Please contact VDDHH if special arrangements need to be made.

11. **TELEPHONE NUMBERS:**

HOME: () _____ - _____ TTY VOICE

WORK: () _____ - _____ TTY VOICE

OTHER: () _____ - _____ **WHO/WHAT?** _____

12. **PROOF OF RESIDENCY:**

Include one of the following documents with your application as proof of residency in Virginia:

A copy of a current lease or deed for a domicile in Virginia or a recent utility bill for a residence in Virginia.

Documents must be in the name of the applicant, the applicant's spouse or the applicant's legal guardian. Other documentation will be considered on a case-by-case basis.



14. APPLICATION CERTIFICATION:

I Certify:

- 1. All information on this application is true.
2. I live in Virginia. I have included proof of residency with this application.
3. I am deaf, hard of hearing, DeafBlind, hearing-visually disabled or speech disabled.
4. "Your whole family monthly income" (Question #6) is the total gross monthly income my family earns in one month.

I Understand:

- 1. VDDHH may request proof of my whole family monthly income and I will provide it if requested.
2. If any information on this application is not true I will have to give all equipment back to VDDHH.
3. I accept responsibility for the machines, including repair and maintenance costs.
4. I accept responsibility for all of my telephone bills.
5. Name, address, and phone number are provided to vendor and agency Outreach contractors for purpose of delivery.

If you are not registered to vote where you live now, would you like to apply to register to vote? (Please check only one.)

- checkbox I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application.
checkbox Yes. I would like to apply to register to vote. (Please send me the voter registration application form.)
checkbox No. I do not want to register to vote.

If you do not check any box, you will be considered to have decided not to register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will keep it confidential, and it will be used only for voter registration purposes.

APPLICATION SIGNATURE: _____ DATE: ___/___/___

PARENT OR GUARDIAN: _____ SOC SEC# _____ DATE: ___/___/___

Parent must sign if child is a minor.

15. PROFESSIONAL CERTIFICATION: If new or exchange application (see # 3), take this application order form to any of the professionals listed in this section. They must fill out the section completely, certify your hearing loss, speech and/or visual disability, and return the application to you. VDDHH must approve a professional not listed in this section. If renewal or replacement application (see # 3) - skip to # 16.

- checkbox Doctor (licensed physician) checkbox School Rep. Above Consumer is (please Check One):
checkbox Audiologist checkbox DRS or DBVI Rep. checkbox Deaf checkbox Hearing-Visually Disabled
checkbox Speech Pathologist checkbox Hearing Aid Specialist checkbox Hard of Hearing checkbox DeafBlind
checkbox VDDHH Outreach Specialist checkbox VDDHH TAPLoan checkbox Speech Disabled checkbox Other
checkbox AAA (Aging) Representative Representative
checkbox Other appropriate agency Rep. (check with VDDHH)

Please Print.

I certify that this applicant is "Deaf," "Hard of Hearing," "Hearing-Visually Disabled," "DeafBlind," or "Speech Disabled".

Name of Certifying Person: _____ Title: _____

Name of Agency: _____ State Lic. # (if applicable): _____

Address: _____ Day Phone Number: (____) _____

_____ Date: ___/___/___

16. EQUIPMENT DESCRIPTION:

Check (✓) one box from this section for the TTY, Amplifier or VCO (or HCO) Phone that you want:
(Costs may vary. Contact VDDHH for more information.)



- ULTRATEC-SUPERPRINT 4425A TTY**
Adjustable Type Printer, ASCII, Turbo Code, and Auto Answer
(Contract Cost \$305.00)



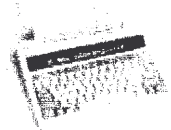
- ULTRATEC - UNIPHONE 1140**
A Telephone and TTY all in one with Auto Answer (No P-nter) Has VCO and HCO Capabilities.
(Contract Cost \$203.00)



- ULTRATEC - COMPACT TTY**
Portable TTY with ASCII
2-line, 40-Character Display
Cellular Compatible
(Contract Cost \$255.00)

For Speech Disabled Customers Only

- SPEAKERPHONE**
- SPEECH AMPLIFIER**
Amplifies outgoing voice



- TTY WITH LARGE VISUAL DISPLAY**
ASCII Printer Auto Answer
(For Hearing-Visually Disabled Customers Only)
(Contract Cost \$488.95)



- AMPLIFIED TELEPHONE**
Telephone amplifies incoming voice up to 35 dB.
Built-in amplified ringer.
(Contract Cost \$56.00)



- AMERIPHONE - DIALOGUE VCO**
"Read & Talk" phone; no keyboard
Voice Carry Over telephone
(Contract Cost \$136.40)

- AMPLIFIERS**
- Battery Powered In-line
- Electric Powered In-line
- Portable

- SPECIAL NEED/REQUEST:** If you are in need of telecommunications equipment not listed on this application, please attach documentation of need and of the equipment desired. VDDHH will consider alternative requests but does NOT commit to purchase.

17. EQUIPMENT DESCRIPTION:

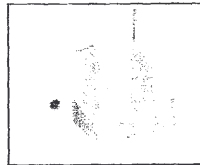
Check (✓) one box from this section for the Signaler that you want:
(Costs may vary. Contact VDDHH for more information.)



- AUDIBLE RINGER FOR TELEPHONE**
Ringmax (Cost \$29.99)

For DeafBlind Customers Only

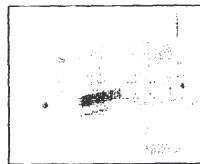
- Tactile Signaler for use with AM6000
- Trine Doorbell



- AMERIPHONE-ALERTMASTER 100**
Light Flasher for Telephone and Doorbell (No Remote)
(Contract Cost \$61.60)



- VISUAL SIGNALER FOR TELEPHONE**
Call Alert (Cost \$32.00)



- ALERTMASTER 6000**
Light flasher and bed shaker for Clock, Telephone and Doorbell (Remote included)
(Contract Cost \$151.80)