



Telecommunications Access Program

Arkansas Rehabilitation Services
2201 Brookwood, Suite 117 *☎* Little Rock, Arkansas 72202
501-686-9693 (V/TTY)
Toll Free 1-800-981-4463 (V/TTY) *☎* FAX (501) 666-5319

Application

Eligibility Requirements

(Companies are not eligible. Applicant must be an individual. Check off each item as you get it ready to send.)

Arkansas Residency

Send one of the following to prove you are an Arkansas resident:

- a copy of a valid Arkansas Driver's License or another picture ID showing your current address.
- a copy of your most recent utility bill showing your name and address
- a letter from your landlord showing your name and address
- a copy of a current Arkansas Voter's Card/Registration Card
- a copy of a current Medicaid/Medicare card

Telephone Service

Send one of the following items to prove you have telephone service in your home:

- a copy of your phone bill, not over 60 days old, showing your name, address and phone number
- a letter from the phone company showing your name, address and phone number
- a cancelled check not over 60 days old, showing payment to the local phone company. It must show your name, address and phone number

(You may apply for TAP equipment before you have phone service, but you will not receive the equipment until you have sent proof that you have phone service in your home). If the phone bill is in someone else's name, please explain why. The number of eligible families within a household cannot exceed the number of phone lines to that household.

Disability

Take the Eligibility Certification form to one of the qualified professionals listed on the form to fill out and prove you have a disability. Then send the form back to TAP with your application.

Your Rights

☞ **Fair Treatment**

Arkansas Rehabilitation Services is in compliance with Titles VI and VII of the Civil Rights Act, the Americans with Disabilities Act and is operated, managed and delivers services without regard to age, religion, disability, sex, race, color or national origin.

☞ **Confidentiality**

All applicant information will be kept confidential except for approved release of information for a specified purpose.

☞ **How to Appeal**

You have the right to appeal if you do not agree with our action or you feel that TAP did not act on your request for services. To appeal contact the Chief of Special Programs in writing at:

Arkansas Rehabilitation Services
P.O. Box 3781
Little Rock, AR 72203
or call 1-800-330-0632 (V/TTY)

The attached forms are available in alternate formats upon request by calling TAP at 1-800-981-4463.

Personal Information

Original signatures required. Make sure you answer all the questions. Sign your name and put the date.

Name of Applicant _____
Please print Last First M.I.

Home Address _____
Street City Zip

Mailing Address _____
(If different from home address)

E-mail Address (if applicable) _____

Home Telephone Number _____ (V/TTY/Both)

Work Telephone Number _____ (V/TTY/Both)

Contact person (someone living at a different address) _____

Name Address Phone Number Relationship to You

Social Security Number _____ What county do you live in? _____

Male _____ Female _____ Date of Birth _____

Caucasian _____ African American _____ Hispanic _____ Eurasian _____ Native American _____ Other _____

Household members' names _____ Relationship: _____

Total number in household (living with you): _____

How much is your total yearly adjusted gross household income? _____ Source of Income _____

(This includes spouse, relatives, roommate, friends or ANYONE that lives in the same house at the same address.)

If your income is over \$50,000 a year you are required to pay part of the equipment cost as follows:

<i>Equipment Cost</i>	<i>Cost to Applicant</i>
\$0 - \$1,000	One third of cost of equipment (cost is based on what equipment you ask for)
Over \$1,000	\$333.00

Do you have: Private Insurance _____ Medicare _____ Medicaid _____ (check all that apply)

Have you applied for TAP equipment in the past? Yes _____ No _____ If yes, when? _____

(Re-application may not be necessary unless your personal situation has changed and TAP requests updated information)

Usual Method of Communication: Sign Language _____ Speech _____ Written _____

Are you an Arkansas Rehabilitation Services' client? Yes _____ No _____

How did you learn of the TAP program? _____

I certify under the penalty of perjury that all statements made by me are true and correct to the best of my knowledge and I give permission to TAP to request more information for the purpose of verifying my need for special equipment.

Note: If the applicant is a minor, then a parent or legal guardian must sign.

Applicant's signature _____ Date _____

Mail these forms to:

*Telecommunications Access Program *Arkansas Rehabilitation Services * 2201 Brookwood, Suite 117 * Little Rock, AR 72202*

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Return this form

TAP-02 Revised 10/30/02

Specialized Telephone Equipment

The following list shows some available equipment by types of disabilities. Find your disability in the list below and check the equipment you feel you need. TAP staff may assist with final choices.

Deaf

- ___ TTY (Teletypewriter): for sending and receiving typed messages.
- ___ Uniphone: TTY and amplified phone combined: for two-way typed messages, two way spoken messages or outgoing spoken message and incoming typed message.
- ___ Telephone Signal Devices: Flashing lights to let user know when the phone rings. Circle if you need one, two, three flashers in your home.

Hard of Hearing

- ___ Amplified Telephone: Phone with volume adjustment for incoming voice and louder than normal ringer.
- ___ TTY (Teletypewriter): for sending and receiving typed messages.
- ___ Uniphone: TTY and amplified phone combined: for two-way typed messages, two way spoken messages or outgoing spoken message and incoming typed message Voice Carry Over (VCO) through a relay service.
- ___ VCO Telephone: for outgoing spoken message and incoming typed message through a relay service.
- ___ Amplified Cordless Telephone: lightweight cordless phone with volume adjustment for incoming voice.
- ___ Telephone Signal Devices: Flashing lights or loud ringers to let user know when the phone rings.
- ___ Circle if you want flashing lights or loud ringers.
- ___ Circle if you need one, two, three signals in your home.

Deaf/Blind (You have severe hearing loss and severe vision loss)

- ___ TTY with Braille: for sending and receiving Braille messages.
- ___ TTY with large Print Display (for persons who are deaf and have some vision)
- ___ Telephone Signal Devices: Flashing lights or tactile signaler.
- ___ Circle if you want flashing lights or tactile signaler.

Speech Impaired (You cannot speak plainly enough for others to understand you on the phone)

- ___ TTY (Teletypewriter): for sending and receiving typed messages.
- ___ Uniphone: TTY and amplified phone combined for two way typed messages, two way spoken messages or outgoing typed message and incoming spoken message Hearing Carry Over (HCO).
- ___ Speech Amplifier: Telephone or other device to increase the volume of the outgoing voice.
- ___ Electronic Larynx: A handheld, portable voice aid for people who have lost use of their larynx (Artificial larynx must be recommended by the person who signs the Eligibility Certificate).

Blind/Vision Impaired (You are legally blind and rely on audible or Braille information).

- ___ Telephone that speaks each number as it is pressed and has jumbo sized buttons with Braille.

Mobility Impaired (You have problems with hands, arms, feet or legs that limits your ability to use a standard phone.

- ___ Hands Free Telephone: Speaker phone with optional headset and other special features.
- ___ Cordless Telephone: Lightweight cordless phone with volume adjustment for incoming voice.

Cognitively Impaired (You have problems with memory, reasoning, learning, etc. that limits your ability to use a standard phone).

- ___ TTY (Teletypewriter): for sending and receiving typed messages.
- ___ Photo Phone: Phone with nine large photo auto-dial memory buttons that you can put a picture in of the person you want to call.

Do you need help learning how to use the equipment: yes ___ no ___

TAP Conditions of Acceptance

(This is very important. Read it carefully, sign your name and date it)

A. Equipment Ownership

- I) Equipment is loaned to user but remains the property of the state of Arkansas. You must agree to cooperate and comply with inventory/follow up requests. If there is evidence of intentional abuse or neglect, TAP has the right to remove the equipment from your home.
- II) Distribution is limited to one of a particular type of equipment and one signalling system per household, unless special circumstances exist or in situations where multiple family members have different disabilities that require different equipment, then an additional piece of equipment of a different type may be provided to that family.
- III) If the person requesting equipment is a minor, all obligations and responsibilities will be transferred to them on their 18th birthday.
- IV) Returns
 - (1) After receiving equipment, you must return it within 30 days if one of these things happen:
 - (a) If you move to another state to live.
 - (b) If your phone is disconnected and is not reconnected within 90 days.
 - (c) If you no longer need or want it.
 - (d) If you move to a facility where you do not have your own phone line.
- V) Change in Personal Situation
 - (1) After receiving the equipment, if you move to another address in Arkansas, you have 10 days to notify TAP of new address and phone number
 - (2) You may travel out of Arkansas with the equipment for short trips, vacations, or to attend college, but you must get permission from TAP.
 - (3) If death occurs, executor or other responsible person must contact TAP to make arrangements for return of the equipment.
 - (a) If another eligible person living in the same residence wishes to keep it, they must contact TAP and file a new application within 30 days.

B. Replacements

- I) Equipment may be exchanged within 60 days after you get it, if it is not what you want or does not meet your needs.
- II) Equipment may be exchanged if it is damaged through natural disasters.
- III) Equipment may be replaced if damaged by something out of your control or stolen. A police or fire report must be sent to TAP.
- IV) If there is a change in your disability and the equipment no longer meets your needs then you may be able to exchange it. A new certification is required and must be sent to TAP.
- V) TAP will replace equipment that does not work or cannot be repaired due to normal wear and tear. Individual must still be approved by TAP.

C. Repairs

- I) TAP is responsible for repairs of normal wear and tear on the equipment. *Note: you are responsible for cleaning equipment before returning to TAP for repair.* If equipment stops working do NOT try to repair or take apart the equipment. Do NOT change or modify the equipment. Contact TAP at 1-800-981-4463.
- II) Loaner equipment is available during repair of original equipment if repair is not the result of negligence or abuse.
- III) You must pay all of the repair and/or shipping costs before the equipment will be returned to you, if you abused, neglected or did not use the equipment correctly.

D. Supplies and Maintenance

- 1) You are responsible for extra batteries, paper, light bulbs, artificial larynx accessories as well as any other miscellaneous supplies
- 2) You are responsible for keeping equipment clean and protected from rain, heat, pets, liquid, sticky/greasy substances.

E. Suspension

- I) Suspension will be four (4) years from the date TAP found about it.
 - (1) You will be suspended from TAP if you: sell, pawn, or give the equipment to someone else and/or willfully on purpose damage equipment including misuse or damage that voids the warranty or violates other parts of the rules.
 - (2) You must keep the equipment in your possession or face repossession, prosecution or liability for purchase price. You must use the equipment only for the intended purpose.

F. Denial

- I) It is against State law to give any false information regarding my application, income, theft, loss or damage to the equipment. I understand if I don't follow these Conditions of Acceptance, I can be denied TAP equipment. I understand that I can also be criminally prosecuted.

Signature _____ Date _____

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TAP-03 Revised 10/30/02

Eligibility Certification

Take this form to one of the professionals listed below to fill out and send it back with your application.

Applicant's name: _____ Date of Birth: _____

Address: _____

To be eligible for certification for this program, the applicant must meet the criteria as defined below. *Check all that apply*

- _____ Deaf: A hearing loss of such severity that requires use of a TTY or other specialized equipment.
- _____ Deaf/Blind: A hearing loss accompanied with vision loss that prohibits use of a standard telephone and TTY.
- _____ Hard of Hearing: A hearing loss that requires use of an amplified telephone or other specialized equipment.
- _____ Mobility Impairment: A physical upper or lower extremity impairment which prohibits use of a standard telephone.
- _____ Cognitive Impairment: A cognitive impairment that prohibits use of a standard telephone.
- _____ Legally Blind: A visual loss of such severity that prohibits the use of a standard telephone; must rely on audible or Braille information.
- _____ Speech or Voice Impairment: Inability to speak intelligibly or use adequate voice on a standard telephone.
(If you recommend an artificial larynx, specify what kind _____)

Description of disability and limitations _____

Take this form to one of the professionals listed below.

I am qualified to certify eligibility as: (*check one*)

- | | |
|---|--|
| Physician _____ | Ophthalmologist _____ |
| Audiologist _____ | Optometrist _____ |
| Speech Pathologist _____ | Arkansas School for the Deaf qualified staff _____ |
| Occupational Therapist _____ | Division of Services for the Blind Counselor _____ |
| Physical Therapist _____ | Arkansas Spinal Cord Commission Counselor _____ |
| Neuropsychologist _____ | Home Health Professional _____ |
| Arkansas Rehabilitation Services' qualified staff _____ | Hearing Aid Dealer/Specialist _____ |

I certify that the above-named person meets the requirements of having a disability which limits or prohibits the use of the telecommunications network without specialized equipment. I also certify that use of equipment for their disability will probably benefit this person.

Signature of Certifier _____ Date _____

Print Name _____ Title _____

Street _____ City _____ State _____ Zip _____

Telephone _____ License Number _____

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