



AZTEDP APPLICATION FORM

During demonstration, complete Parts A, (B), and C.

Part D must be completed by certifying professional.

Mail complete application to: AzTEDP, 1400 W. Washington #126, Phoenix, AZ 85007

APPLICANT - Client number _____

OFFICE USE ONLY

PART A

_____/_____/_____
Last Name First Middle Date of Birth

Address Apt. # City State Zip Code

(_____) - _____ (check one) @ _____
Telephone No. Voice TTY Both E-mail Address

Mailing Address (if different from above) City Zip Code

X _____
Applicant Signature Date

Note: Applicants younger than 18 must have a Parent or Legal Guardian complete and sign Part B. Adults who have a P.O.A. need to do the same.

Devices selected by client DURING DEMONSTRATION APPOINTMENT:

Main Device _____ Alerting Device _____

PARENT / LEGAL GUARDIAN / P.O.A. This person accepts responsibility for equipment.

PART B (IF NECESSARY)

Last Name (print) First Middle

Relationship to Applicant: Parent Legal Guardian Contact only
(please attach P.O.A. if applicable)

Address (print) Apt. #

City State Zip Code

(_____) - _____
Telephone Voice TTY Both

E-mail Address

X _____
Signature on behalf of Applicant (IF NECESSARY) Date

Note: As established in the Conditions of Acceptance, Parent or Legal Guardian listed herein is responsible for all equipment provided under the terms of this agreement.

VOUCHER AUTHORIZATION—(TO BE COMPLETED WITH ASSISTANCE FROM DEMONSTRATION STAFF)

PART C

I, _____ wish for the voucher and instructions be mailed directly to **ME**.
I, _____ do hereby authorize AzTEDP to send the voucher(s) for assistive telephone equipment to _____. I understand that processing may take up to SIX (6) weeks FOR A **COMPLETE** APPLICATION. I may contact my supplier at _____ if I have not received the equipment by the end of the 6th week from the date my **COMPLETE** application, including current proof of residency, was sent to AzTEDP. ***Either delivery method will require **MY** signature (or Parent/Guardian) to show I have received the equipment. I (or Parent/Guardian) will sign the necessary paper, and provide it to the above listed supplier of equipment.

I will contact the above supplier for ALL SERVICE AND WARRANTY ISSUES FOR THE FIVE (5) YEARS this equipment is assigned to me. _____ (Initials of applicant)

CERTIFYING PROFESSIONAL : You must have a PROFESSIONAL certify need for equipment.

PART D

Professional's Last Name (print) First Middle

I certify that the above named Applicant (Part A) is:

Deaf Hard of Hearing DeafBlind Speech-Impaired
Hearing Impaired & Low Vision

Professional's Address (print) Apt. #

therefore, they have a need for the equipment selected in Part A to the best of my knowledge. I attest to my qualification as a person authorized to certify need as defined by R9-26-203. See back for R9-26-203 criteria.

City (print) State Zip Code

I am licensed to practice as a(n):

Doctor Audiologist Speech-Language Pathologist Hearing Aid Dispenser
Doctor/Physician Assistant Dispensing Audiologist Nurse Practitioner
Rehabilitation Counselor (must have CRC) within the State of Arizona, as

(_____) - _____
Telephone # Voice TTY Both

evidenced by my professional license #: _____

E-mail Address (print) @

X _____
Signature of PROFESSIONAL Authorized to Certify Need Date

APPLICABLE STATUTE

A.R.S. 36-1947. Telecommunication devices for the deaf and the hearing and speech impaired; administration; fund

The commission shall establish and administer a statewide program to purchase, repair and distribute telecommunication devices to residents of this state who are deaf or severely hearing or speech-impaired and establish a relay system making all phases of public telephone service available to persons who are deaf or severely hearing or speech impaired.

The commission may adopt administrative procedures, rules, criteria, and forms to establish and administer the telecommunication device program under this section.

Telecommunication devices furnished by the commission under this section remain the property of this state. A person who receives a telecommunication device from the commission under this section is liable for the loss of or damage to the device. The commission may impose a civil penalty against the person in an amount equal to the cost of the device or the amount of the damage done to the device. If a person objects to the imposition of civil penalty, the commission shall conduct a hearing as prescribed in title 41, chapter 6. Monies collected by the commission under this subsection shall be deposited in the telecommunication fund for the deaf.

APPLICABLE DEFINITIONS

R9-26-101. Definitions

In addition to the definitions listed in A.R.S. § 36-1941, the following terms apply to this Chapter and to A.R.S. § 36-1947:

"Applicant" means a person who applies to the Commission for telecommunications equipment.

"Audiologist" means a person who is licensed under A.R.S. § 36-1940 by the Arizona Department of Health Services.

"Commission" means the Arizona Commission for the Deaf and Hard of Hearing.

"Deaf/blind" means a person who is either deaf or hard of hearing and:

- a. Has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or
- b. Has a field defect where the peripheral diameter of the visual field subtends an angular distance no greater than 20 degrees, or
- c. Has a progressive visual loss with a prognosis of one or both of the conditions stated in subsections (a) and (b).

"Director" means the Executive Director of the Arizona Commission for the Deaf and Hard of Hearing.

"Hearing aid dispenser" has the same meaning as in A.R.S. § 36-1901(8).

"Hearing or speech-related disability" means a disability that prevents a person from hearing or articulating speech audibly or clearly, including deafness.

"Program" means the Telecommunications Equipment Distribution Program.

"Recipient" means a person who receives telecommunications equipment through the Program.

"Severely hearing or speech impaired" under A.R.S. § 36-1947(A) means a hearing or speech-related disability.

"Telecommunications equipment" means equipment that allows a person with a hearing or speech-related disability to access the telephone network.

"Vocational rehabilitation counselor" means a Department of Economic Security employee who has a Master's degree in rehabilitation counseling from a university accredited by the National Council on Rehabilitation Education and who is certified by the Commission on Rehabilitation Counseling.

"Voucher" means the Commission's authorization of payment for telecommunications equipment.

APPLICABLE RULES and PROCEDURES

R9-26-201. Eligibility

A) To be eligible for telecommunications equipment through the Program, a person shall:

1. Reside in Arizona;
2. Have a need for telecommunications equipment available through the Program due to a hearing or speech-related disability, as certified by an authorized person described in A.A.C. R9-26-203;
3. Have access to a telephone line in the person's place of residence;
4. Not have used a voucher to purchase telecommunications equipment within five years before the date of application under R9-26-202(A)(1) unless the individual's disability status has changed during that time; and
5. Have returned to the Commission all telecommunications equipment that was distributed to the person by the Commission before November 1, 2002.

R9-26-202. Application Process

A) To apply for telecommunications equipment under the Program, an eligible person shall:

1. Request an appointment with one of the AzTEDP demonstration sites.
2. Complete and return the application to the Commission with certification from an authorized person described under A.A.C. R9-26-203 that the applicant has a hearing or speech-related disability and needs the telecommunication equipment requested on the application.

R9-26-203. Persons Authorized to Certify Need for Telecommunications Equipment

A) The following licensed professionals may certify an applicant's hearing or speech-related disability and need for the requested telecommunications equipment:

1. A dispensing audiologist licensed in accordance with A.R.S. Title 36, Chapter 17;
2. An audiologist licensed in accordance with A.R.S. Title 36, Chapter 17;
3. A physician licensed in accordance with A.R.S. Title 32, Chapter 13;
4. A physician assistant licensed in accordance with A.R.S. Title 32, Chapter 25;
5. A nurse practitioner licensed in accordance with A.R.S. Title 32, Chapter 15;
6. A speech-language pathologist licensed in accordance with A.R.S. Title 36, Chapter 17;
7. A hearing aid dispenser licensed in accordance with A.R.S. Title 36, Chapter 17; or
8. A vocational rehabilitation counselor.

B) By certifying a hearing or speech-related disability and need for the requested telecommunications equipment, the certifier attests that the certifier:

1. Is authorized to certify under subsection (A);
2. Has evaluated the applicant's hearing or speech-related disability to determine the applicant's need for the telecommunications equipment requested on