



6925 Hickman Road
Des Moines, Iowa 50322

Toll-Free (Voice) **800.606.5099**
Voice **515.282.5099**
Video Phone **866.954.4107**
EMAIL teleiowa@aol.com
WEB www.relayiowa.com/tai

Please PRINT your answers to all of the questions completely.

APPLICATION FORM

Name of Applicant _____
Last *First* *MI*

Street Address _____ Apt # _____
(PO Box Number not accepted here; see below to add mailing address if necessary)

City _____, **IA** Zip _____ County _____ Birthdate ____/____/____

Home Phone () _____ TTY Voice Alternate Phone () _____ TTY Voice

Social Security # X X X - X X - _____ E-Mail Address _____

Mailing Address, if different from above, to send the voucher. It can be the Applicant's PO Box, a relative or authorized care provider of the Applicant.

Name _____ Relationship to Applicant: _____

Address _____

City, State, Zip _____ Phone () _____

How did you learn about this program? Physician TV Friends/Family Brochure Exhibit Presentation Radio
 Newspaper State Agency Other _____

DO YOU QUALIFY?

- YES NO ANSWER ALL QUESTIONS BELOW:**
- Do you live in Iowa?
 - Are you older than 5 years of age or able to use the telephone equipment?
 - Do you have a telephone in your home now or are you going to get telephone service hooked up?
 - Would the telephone equipment you are asking for make telephone use easier for you?
 - Is your annual adjusted gross income less than what is listed on the chart? →

ANNUAL TOTAL HOUSEHOLD INCOME	
1 person	- \$46,000
2 persons	- \$54,000
3 persons	- \$62,000
4 persons	- \$70,000
(Add \$8,000 for each additional person)	

YOUR SIGNATURE REQUIRED

By my signature below, I certify that all of the above information is true. By signing this application form, I agree to participate in any follow up survey in order to assure quality customer service and satisfactory use of my telephone equipment. I understand that I am only allowed to receive one item or package of items per household every five years. I become the owner of the items I receive and am responsible for the maintenance and warranty. I must use the voucher at an authorized dealer by the deadline listed on the form. I agree to pay any remaining cost that is not covered by the Telecommunications Access Iowa Voucher Program.

X _____ Date _____
ORIGINAL Signature of Applicant

X _____ Date _____
ORIGINAL Signature of Parent/Guardian, if applicant is under 18

 PRINTED Name of Parent/Guardian

PLEASE TURN OVER FOR EQUIPMENT SELECTION AND PROFESSIONAL SIGNATURE

EQUIPMENT NEEDED

See pages 3 and 4 for detailed information on each piece of equipment. You can choose one, but applicants with hearing loss may also request a separate Phone Ringer/Signaler and/or an Amplified Answering Machine, if desired.

AMPLIFIED PHONE CATEGORY:

- Basic Amplified Phone (includes corded/cordless up to 35 dB amplification)
- Basic Amplified Phone with Headset/Neckloop/Handset
- Enhanced Amplified Phone (includes corded/cordless over 35 dB amplification)
- Enhanced Amplified Phone with Headset/Neckloop/Handset
- Inline/Portable Amplifier

CAPTIONED TELEPHONE CATEGORY:

- Captioned Telephone (CapTel™)
- Headset/Neckloop/Handset (works with captioned telephone above)

VOICE-ACTIVATED SPEAKERPHONE WITH ADAPTIVE FEATURES CATEGORY:

- Voice Activated Speakerphone with Adaptive Features
- Voice Activated Speakerphone with Adaptive Features, Accessories

SPEECH AMPLIFIED PHONE CATEGORY:

- Speech Amplified Phone
- Speech Amplified Phone with Headset/Neckloop/Handset

HEARING CARRY OVER (HCO) PHONE CATEGORY:

- HCO with TTY

TEXT TELEPHONE (TTY) CATEGORY:

- Braille TTY (Special Request)
- Non-Printing TTY
- Printing TTY
- TTY Software
- TTY with ASCII Code
- TTY with Large Visual Display (LVD)

VOICE CARRY OVER (VCO) PHONE CATEGORY:

- VCO Phone
- VCO with TTY

ELECTROLARYNX TELEPHONE CATEGORY:

- Electrolarynx Telephone Kit

SPEECH THERAPY DEVICE CATEGORY:

- Speech Therapy Device (Special Request)

PHONE RINGER/SIGNALER CATEGORY:

- Loud/Flashing Ringer
- Tactile Ringer for Deaf-Blind

AMPLIFIED ANSWERING MACHINE CATEGORY:

- Amplified Answering Machine

If you need a specialized telephone equipment or accessory that is not on the list, please contact the TAI office at 800-606-5099.

PROFESSIONAL SIGNATURE REQUIRED

You must receive a signature by your doctor, audiologist, rehab counselor, state or federal agency representative, or any other licensed professional in the field of hearing or speech. Their signature verifies you have a need for specialized telephone equipment to assist communication over the telephone.

I certify that this applicant _____ needs the specialized telephone equipment selected above to assist with communication over the phone because s/he is: Deaf Hard of Hearing Speech Impaired Deaf-Blind

ORIGINAL Signature of Professional: **X** _____ Date _____

Print Name of Professional: _____

REQUIRED TO COMPLETE APPLICATION
State License # _____

Occupation: Audiologist/Hearing Aid Dealer Speech Pathologist Doctor/Nurse Federal/State Agency Representative
 Teacher Other Licensed Professional _____

Agency Name: _____ Phone # () _____

Address: _____

City/State/Zip: _____

Mail this form to: **Telecommunications Access Iowa**, 6925 Hickman Road, Des Moines, Iowa 50322

Telecommunications Access Iowa is a statewide program of the Iowa Utilities Board and administered by Deaf Services Unlimited, Inc. in Des Moines, Iowa.

DESCRIPTIONS OF TELEPHONE EQUIPMENT IN EACH CATEGORY AVAILABLE THROUGH TELECOMMUNICATIONS ACCESS IOWA

AMPLIFIED PHONE CATEGORY:

Benefits people with different degrees of mild-moderate hearing loss.

Basic Amplified Phone: A corded/cordless phone with volume control (amplification) capabilities to adjust the loudness of the other person's voice. Works well for individuals who have a mild hearing loss. Volume control may adjust up to 35 dB. Receives incoming speech with more clarity. May include memory dial, redial, flash button and more and includes built-in loud and flashing ringer.

Basic Amplified Phone with Headset/Neckloop/Handset: Same as the *Basic Amplified Phone* but includes a Headset, Neckloop, or Handset with volume control capabilities. Either Headset or Neck-loop may be T-coil compatible. Neckloops may work with amplified phones, but amplified headsets may cause feedback if both phone and headset are turned up. Handset amplifies outgoing speech levels for those with weak speech.

Enhanced Amplified Phone (corded and cordless): Same as the *Basic Amplified Phone* but has more powerful amplification and tone control. Some phones have enhancement controls that may eliminate background noise and increase clarity. Some phones include volume control which adjusts up to 55+ dB, tone control, noise reduction which removes unwanted background noise, memory dial, redial and flash buttons. Cordless phones, which are included in this category and may be amplified up to 55+ dB, are convenient and mobile for use by individuals with hearing loss who enjoy amplification for clear conversations. Some corded and cordless enhanced amplified phones have speaker, built-in loud/flashing ringers and a Caller ID display (Caller ID service is available through your telephone company).

Enhanced Amplified Phone with Headset/Neckloop/Handset: Same as the *Enhanced Amplified Phone* but includes a Headset, Neckloop or Handset. Either Headset or Neckloop may be T-coil compatible. Neckloops may work with amplified phones, but amplified headsets may cause feedback if both phone and headset are turned up. Handset amplifies outgoing speech levels for those with weak speech.

Inline/Portable Amplifier: Adapts your existing standard telephone into an amplified phone so individuals with mild to moderate hearing loss can hear better over the telephone. Provides some amplification through volume control.

CAPTIONED PHONE CATEGORY:

Benefits people with hearing loss and who are able to speak clearly over the phone.

Captioned Telephone: The captions are displayed on this phone's built-in screen so the user can read the words through the Captioned Relay Service while listening to the voice of the other party. This phone is amplified up to 40dB. Captions provided for outgoing calls. Incoming calls show captions with 2nd phone line hookup, direct dial to Captioned Relay, or internet connection. For more information on the Captioned Telephone Service, call Relay Iowa Customer Service at 888-516-4692 or go to the website, www.relayiowa.com.

Note: All models work with Headset, Neckloop, or Handset. Either Headset or Neckloop may be T-coil compatible. Neckloops may work with amplified phones, but amplified headsets may cause feedback if both phone and headset are turned up. Handset amplifies outgoing speech levels for those with weak speech.

VOICE-ACTIVATED SPEAKERPHONE WITH ADAPTIVE FEATURES CATEGORY:

Benefits people with a mild hearing loss and mobility limitations that restrict (or prevent) standard phone use.

Voice-Activated Speakerphone with Adaptive Features: A voice activated phone that allows you to dial pre-programmed numbers and answer calls either using a remote control, voice recognition or an adaptive switch or mouthpiece as an alternative method to traditional telephone use. It may have some amplification. These phone options are good for people who have some hearing loss, diminished motion control or other mobility limitations that restrict or prevent standard phone use.

Voice-Activated Speakerphone with Adaptive Features, Accessories: Same as the Voice Activated Speakerphone with Adaptive Features but includes accessory options such as pillow switch, air switch, lapel microphone (helps those with weak voice) or headset with microphone.

HEARING CARRY OVER (HCO) PHONE CATEGORY:

Assists individuals who can hear, but have difficulty speaking over the phone.

HCO with TTY: Same as the TTY (*SEE on page 4*) but has a Hearing Carry Over (HCO) attachment for speaker or headset. Will need to use in conjunction with the Relay Service. For more information on the Relay Service, call Relay Iowa Customer Service at 888-516-4692 or go to the website www.RelayIowa.com. This HCO with TTY may come with a printer to print the text portion of the call.

See back for more telephone equipment descriptions.

SPEECH AMPLIFIED PHONE CATEGORY:

Assist individuals with low voice volume or weak speech.

Speech Amplified Phone: To be used by individuals with a low volume voice or weak speech. Includes a loudness control switch on handset (26 dB gain), hearing aid compatible, may have last number redial button, and tone/pulse dialing.

Speech Amplified Phone with Headset/Handset: Same as the Speech Amplified Phone but includes a headset/handset or microphone to improve speech clarity.

TEXT TELEPHONE (TTY) CATEGORY:

Best suited for individuals who are deaf or have great difficulty hearing and speaking on a standard telephone.

It transmits and receives typed messages to the TTY/Hearing Carry Over/Voice Carry Over user or to the Relay Service. For more information on the Relay Service, call Relay Iowa Customer Service at 888-516-4692 or go to the website www.RelayIowa.com. There are TTYs with different features; see below for more types of TTYs.

Braille TTY*: Same as the TTY but it enables persons who are deaf-blind to communicate using a modified TTY with a Braille display. *Requires a Special Request. Contact TAI for details.

Non-Printing TTY: Same as the TTY but has no printer. Portable or compact TTYs are also available in this category.

Printing TTY: Same as the TTY but has a built-in printer using 2 1/5 inch paper rolls.

TTY Software: Same as the TTY but it includes TTY software to install in your existing computer with modem. Your computer and modem must be connected to a phone line. May adjust font size and background screen for easier reading.

TTY with ASCII Code: Same as the TTY but has an ASCII Code feature. This is the same type of transmission used by modems on personal computers when dialing the Internet. ASCII is much faster: it can keep up with the fastest typist. However, it doesn't have a Voice Carry Over (VCO) feature.

TTY with Large Visual Display (LVD): Same as the TTY but has a built-in large visual display screen for easier reading. Some may come with a printer.

VCO CARRY OVER (VCO) PHONE CATEGORY:

Used by individuals who can speak but are unable to hear on a standard telephone. Allows the VCO user to receive typed messages through the Relay Service and verbally reply to a caller. For more information on the Relay Service, call Relay Iowa Customer Service at 888-516-4692 or go to the website, www.RelayIowa.com.

Voice Carry Over (VCO) Phone: An amplified (30dB) phone with a visual display to read spoken message of the caller while they are speaking to the caller through the Relay Service. Will not be able to hear the other caller's voice while using this service.

VCO with TTY: Same as the Voice Carry Over (VCO) Phone but includes a keyboard that can be used as a TTY and has a microphone attachment or handset for the person to speak directly to the other caller using the Relay Service. It may have a printer to print the text portion of the call.

ELECTROLARYNX TELEPHONE CATEGORY:

Assists individuals who have voice disorders, vocal chord paralysis or other types of laryngectomy restrictions.

Electrolarynx Telephone: A telephone system combining a standard volume control telephone and an adapted electrolarynx device to assist with speech restrictions.

SPEECH THERAPY DEVICE CATEGORY:

Helps individuals with Stuttering, Tachyphemia (cluttering) and Parkinson's disease.

Speech Therapy Device*: The Basic Fluency System plugs into telephones that have a standard 2.5mm headset jack. This device allows the caller to hear their own voice in both ears and assists in correcting the stuttering effects of communication. The person on the call hears only a normal voice. When adjusted to correct stutterers' auditory processing underactivity, the device immediately reduces stuttering by approximately 70%, without speech therapy, mental effort, or abnormal-sounding speech. The device can also be adjusted to slow down and relax speech motor activity. *Requires a Special Request. Contact TAI for details.

PHONE RINGER/SIGNALER CATEGORY:

Alerts people with hearing loss to the ringing of the telephone.

Loud/Flashing Ringer: Alerts deaf and hard of hearing individuals to the ringing of the telephone either visually (a built-in flashing light or can be connected to a lamp), by a loud ringing tone or both at the same time. A ringer can be connected directly to a phone or jack in a separate room if desired. A ringer can be requested along with a selection of telephone equipment.

Tactile Ringer for Deaf-Blind: Alerts deaf-blind individuals to the ringing of the telephone by a vibrating signal that can be worn on the body. Some tactile ringers come in kits which may include a receiver, transmitter, battery charger and a dual phone plug.

AMPLIFIED ANSWERING MACHINE CATEGORY:

Used by individuals who do not have an answering machine built into their amplified telephone.

Amplified Answering Machine: Selectable slow playback speeds to understand all words along with powerful amplification to increase sound and tone control. If the phone does not have a second jack, a line splitter may be necessary.

Mail completed application to:

Telecommunications Access Iowa

6925 Hickman Road
Des Moines, Iowa 50322



Toll-Free (Voice) **800.606.5099**

Voice **515.282.5099**

Video Phone **866.954.4107**

EMAIL teleiowa@aol.com

WEB www.relayiowa.com/ta

A Program of the Iowa Utilities Board