



A program of the Iowa Utilities Board

Application for Equipment

Please PRINT your answers to all of the questions completely.

Name of Applicant _____
Last First MI

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

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

Home Phone (____) _____ Voice Text VP Alternate Phone (____) _____ Voice Text VP

Last 4 of Social Security # X X X - X X - _____ Email _____

Mailing Address, if different from above, to send the voucher. Address 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/Radio Friends/Family Brochure Exhibit
 Presentation Website State Agency Other _____

Do you qualify?

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | Answer all the questions below: |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you live in Iowa? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you older than 5 years of age or able to use the telecommunications equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have telecommunications service in your home now or are you going to get service hooked up? |
| <input type="checkbox"/> | <input type="checkbox"/> | Would the telecommunications equipment you are asking for make telecommunications use easier for you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your annual adjusted gross income less than what is listed on the chart? → |

Annual Total Family Income	
1 person	\$56,000
2 persons	\$65,000
3 persons	\$74,000
4 persons	\$83,000
(add \$9,000 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 equipment. I understand that I am only allowed to receive one item or package of items per family 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

See next page 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 phone**, but applicants may also select a separate Headset or Neckloop, Phone Ringer/Signaler and/or an Amplified Answering Machine, if desired.

TELEPHONES (choose up to 1)

- Basic Amplified Phone**
(includes corded/cordless up to 35 dB amplification)
- Enhanced Amplified Phone**
(includes corded/cordless over 35 dB amplification)
- In-Line/Wireless Device Amplifier**
- Captioned Telephone**
(CapTel)
- Voice-Activated Speakerphone with Adaptive Features**
- Speech Amplified Phone**
- TTY, Non-Printing**
- TTY, Printing**
- Electrolarynx Telephone Kit**
- Speech Therapy Device** *(Special Request)*

ACCESSORIES (choose up to 3)

- Headset or Neckloop**
- Loud/Flashing Ringer**
Choose one of these two options
- Tactile Ringer**
- Amplified Answering Machine**

Headset or Neckloops work with amplified phones, captioned telephones, voice-activated speakerphone with adaptive features, & speech amplified phones.


Select a separate Phone Ringer/Signaler and/or an Amplified Answering Machine, if desired.

If you need specialized telephone equipment or an 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, voc 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 telecommunications equipment to assist communication over the telephone.

I certify that this applicant _____ needs the specialized telecommunications equipment selected because s/he is or has: Deaf Hard of Hearing Speech Difficulty

ORIGINAL Signature of Professional 

Date _____

Required to complete application

State License # _____

Printed Name of Professional _____

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

Agency Name _____ Phone (_____) _____

Address _____

City/State/Zip _____

MAIL OR EMAIL THIS FORM TO:

Telecommunications Access Iowa • 6925 Hickman Road • Des Moines, Iowa 50322 | info@teleiowa.com

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 Telecommunications Equipment in Each Category

AMPLIFIED PHONE CATEGORY:

Benefits people with different degrees of mild-moderate hearing loss. (Note: You may add a Headset or Neckloop to the Basic or Enhanced Amplified Phones if needed.)

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 includes built-in loud and flashing ringer.

Enhanced Amplified Phone (corded and cordless):

Same as the Basic Amplified Phone but has more powerful amplification and tone control. Some phones include volume control which adjusts up to 65+ dB, tone control, noise reduction which removes unwanted background noise, memory dial, redial and flash buttons. Cordless phones, which are included in this category, may be amplified up to 55+ dB and 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 a speaker, built-in loud/flashing ringer, an answering machine, and/or a Caller ID display (Caller ID service is available through your telephone company).

Headset or Neckloop:

You may add a Headset or Neckloop to your basic or enhanced amplified phone. Either Headset or Neckloop may be T-coil compatible. Neckloops may work with amplified phones, but amplified headsets may cause feedback if both the phone and headset volume are turned up.

In-Line/Wireless Device Amplifier:

Adapts your existing standard or cell phone into an amplified phone so individuals with mild to moderate hearing loss can hear better over the telephone. Provides some amplification through volume control and tone control. Typically requires Bluetooth for the cell phone option.

CAPTIONED PHONE CATEGORY:

Benefits people with hearing loss and who are able to speak clearly over the phone. (Note: You may add a Headset or Neckloop if needed. See Amplified Phone Category for description.)

Captioned Telephone:

The captions are displayed on built-in screens, so the user can read the words through the Captioned Relay Service while listening to the voice of the other party. These phones amplify up to 40 dB, depending on the model. The Captioned Telephone may require a phone line or an Internet connection. For more information on the CapTel™ Captioned Telephone and Relay Service, call Relay Iowa Customer Service at 888-516-4692 (V/TTY) or go to the website, www.relayiowa.com.

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. Can work with a cell phone.

Tactile Ringer:

Alerts individuals to the ringing of the telephone by a vibrating signal. Some tactile ringers come in kits which may include a receiver, transmitter, battery charger and a dual phone plug. Can work with a cell phone.

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.

Descriptions of Telecommunications Equipment in Each Category

VOICE-ACTIVATED SPEAKERPHONE WITH ADAPTIVE FEATURES CATEGORY:

Benefits people with different degrees of mild-moderate hearing loss. (Note: You may add a Headset or Neckloop. See Amplified Phone category for description.)

Voice-Activated Speakerphone with Adaptive Features:

A voice-activated phone that allows you to dial preprogrammed 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 and Accessories:

Includes accessory options such as pillow switch, air switch, lapel microphone (helps those with weak voice) or headset with microphone.

ELECTROLARYNX TELEPHONE CATEGORY:

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

Electrolarynx Telephone Kit:

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.

**Requires a Special Request. Please contact TAI for details.*

Speech Therapy Device*:

The Basic Fluency System plugs into telephones or cell phones with a standard headset jack. This device allows the caller to hear their own voice and assists in correcting stuttering effects. 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. Some phones may require a jack adaptor.

SPEECH AMPLIFIED PHONE CATEGORY:

Assists individuals with low voice volume or weak speech. (Note: You may add a Headset or Neckloop. See Amplified Phone category for description.)

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). May be hearing aid compatible, have last number redial button, and tone/ pulse dialing.

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 or to the Relay Service. For more information on the Relay Service, contact Relay Iowa Customer Service at 888-516-4692 (V/TTY) or go to the website: www.relayiowa.com.

Non-Printing TTY:

Has no printer. Portable or compact.

Printing TTY:

Has a built-in printer using 2.5 inch paper rolls.



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Telecommunications Access Iowa
6925 Hickman Road
Des Moines, Iowa 50322

Toll-Free **800.606.5099**
Voice **515.282.5099**
Videophone **515.207.0776**

EMAIL info@teleiowa.com
WEB www.teleiowa.com