



Please **PRINT** your answers to all of the questions completely.

Name of Applicant _____
First Name MI Last Name

Last 4 of Social Security # xxx-xx- _____ Birthdate ____/____/____ Email _____

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

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

City _____, IA Zip _____ County _____

I am assisting the applicant with completing this form (optional). It also can be the applicant's PO Box, a relative, or authorized care provider of the Applicant.

Name _____ Relationship to Applicant _____

Address _____ Email _____

City, State, Zip _____ Phone (____) _____

How did you learn about this program?

☐ Hearing Specialist/Audiologist/Speech Pathologist ☐ Friends/Family ☐ Senior Living/Long Term Care ☐ Mail from TAI ☐ TV/Radio/Newspaper
☐ Physician/Nurse/Caretaker/Healthcare ☐ State Agency ☐ Website/Social Media ☐ Presentation/Exhibit Booth ☐ Other _____

Do You Qualify?

YES NO Answer all the questions below:

- ☐ ☐ Do you live in Iowa?
- ☐ ☐ Are you older than 5 years of age or able to use the telecommunications equipment?
- ☐ ☐ Do you have telecommunications service in your home now or are you going to get service hooked up?
- ☐ ☐ Would the telecommunications equipment you are asking for make telecommunications use easier for you?
- ☐ ☐ Is your annual adjusted gross income less than what is listed on the chart? →

Annual Total Family Income

1 person	\$66,000
2 persons	\$76,000
3 persons	\$86,000
4 persons	\$96,000

(add \$10,000 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 every three years. I become the owner of the items I receive and am responsible for the maintenance and warranty. I agree to pay any remaining cost that is not covered by the Telecommunications Access Iowa Voucher Program.

X

ORIGINAL Signature of Applicant

Date _____

X

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

Date _____

PRINTED NAME of Parent/Guardian & Relationship to applicant, if other than voucher recipient

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; most models include built-in answer machine; some have speech amplification
- ☐ Captioned Telephone
CapTel, built-in answering machine
- ☐ In-Line/Wireless Device Amplifier
- ☐ Bluetooth Amplifier
- ☐ TTY, Non-Printing
- ☐ TTY, Printing
- ☐ Electrolarynx Telephone Kit
- ☐ Speech Therapy Device (Special Request)

ACCESSORIES (choose up to 3)

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

Headset or Neckloops work with amplified phones, captioned telephones, & speech amplified phones.

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

For equipment or accessory that is not listed, or assistance in selecting an equipment vendor, contact TAI at **800-606-5099**.

Equipment Vendor

Once qualified, a voucher will be emailed directly to your selected equipment vendor. The equipment vendor will contact you to process your order and send you your telecommunications equipment. Write down the equipment vendor's name, address, and city. For a full list of vendors, visit www.teleiowa.com/vendors.

Equipment Vendor Name _____

Address _____

City/State/Zip _____

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.

Description 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). Some phones may 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.

In-Line Device Amplifier:

Adapts your existing standard 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.

Bluetooth Amplifier:

Adapts your existing cell phone or smartphone 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. Connects via Bluetooth.

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.

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.

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.

See back for more telephone equipment descriptions

Description of Telecommunications Equipment in Each Category

HEADSET OR NECKLOOP CATEGORY:

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.

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 wireless devices.

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.



TELECOMMUNICATIONS
ACCESS IOWA

6925 Hickman Road
Des Moines, Iowa 50322

Phone: (515) 282-5099
Toll-Free: (800) 606-5099
Videophone: (515) 207-0776

www.teleiowa.com
info@teleiowa.com