

# Application



Administered by the South Carolina School for the Deaf and the Blind

## Applicant Information Please print clearly in blue or black ink.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TTY / voice (circle one) Other Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TTY / voice (circle one)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security (last four): \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 How did you learn about SCEDP? \_\_\_\_\_

## Guardian Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TTY / voice (circle one) Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TTY / voice (circle one)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Product Selection Choose only one telecommunications product and one alerting device or accessory.

To learn about which product is right for you, please refer to the [SCEDP Product Guide](#) or visit [www.scedp.org](#)

### Telecommunications Products

- |                                               |                                                  |                                            |
|-----------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1. Amplified Phone   | <input type="checkbox"/> 6. Photo Phone          | <input type="checkbox"/> 11. M3/Dynavox    |
| <input type="checkbox"/> 2. CapTel Phone      | <input type="checkbox"/> 7. Large Number Phone   | <input type="checkbox"/> 12. PhoneIT       |
| <input type="checkbox"/> 3. Uniphone          | <input type="checkbox"/> 8. TTY Superprint Pro80 | <input type="checkbox"/> 13. FSTTY PACmate |
| <input type="checkbox"/> 4. TTY Superprint    | <input type="checkbox"/> 9. Electro Larynx       |                                            |
| <input type="checkbox"/> 5. Amplified Handset | <input type="checkbox"/> 10. Hands-Free Phone    |                                            |

### Alerting Devices

- A. AM-100  
 B. AM-6000

### Accessories

- C. Tactile Signaler  
 D. Telephone Ear Pad

### For Hands-Free Phone only

- Headset/Microphone  Pillow Switch  
 Air Switch

## Provide Document Copies Either applicant or guardian documents are accepted. COPIES ONLY

- Copy of your valid South Carolina identification. (SC driver's license, SC ID card, or SC voter registration)
- Copy of a page from your current phone bill showing your phone number and address.
- Guardian: For M3/Dynavox or FSTTY PACmate. Copy of a document showing your relationship to applicant. (marriage or birth certificate, power of attorney, military dependent card, medical treatment form, etc.)

## Agreement Note: Services are rendered at no charge to applicants.

I have read the Conditions of Acceptance and/or had them explained to me. I understand and agree to comply with all of the conditions of the South Carolina Equipment Distribution Program (SCEDP). I promise that the information I have provided is true and accurate to the best of my knowledge. I also understand that SCEDP may make certain information available to the South Carolina Legislature or other entities for the purposes of program administration, improvement, evaluation or auditing.

SCEDP, ITS OFFICERS, AGENTS, EMPLOYEES AND AFFILIATES, MAKES NO WARRANTY, REPRESENTATION OR CONDITION OF ANY KIND REGARDING THE PRODUCTS CONTAINED HEREIN AND/OR PROVIDED THROUGH OR BY SCEDP, AND ANY WARRANTY, EXPRESS OR IMPLIED, IS EXCLUDED AND DISCLAIMED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OR MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

**Applicant or Guardian Signature** \_\_\_\_\_ **Relationship to Applicant** \_\_\_\_\_

For help installing or using equipment, please contact us at any of the telephone numbers listed at the top of this form.

**Send form & documents to: SCEDP, 101 Executive Center Dr., Suite 120, Saluda Bldg., Columbia, SC 29210**

# Certification

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## Instructions

 Please print clearly in blue or black ink.

**TO THE APPLICANT:** Please deliver this form to a licensed professional certifier, who will complete and return the form to you. For help finding a professional certifier, please contact SCEDP.

**TO THE CERTIFIER:** The applicant is requesting specialized telecommunications equipment. Please verify that the applicant's disability prevents or causes a reduced ability to use a standard telephone. If you have any questions, please call SCEDP.

## Applicant Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TTY / voice (circle one)

## Disability Information

 Check all disabilities to be certified.

Deaf     Hard of Hearing     Deaf-Blind     Blind/Low Vision with Hearing Loss     Speech Impaired

Braille User?     yes     no

The applicant's disability is  permanent     temporary with an estimated duration of \_\_\_\_\_

## Certifier Information

Certifier Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TTY / voice (circle one)    Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ State License or Certification Number: \_\_\_\_\_

Your Profession:

- Audiologist                       Advanced Practice Registered Nurse (APRN)  
 Doctor/Physician               Speech-Language Pathologist  
 Physician Assistant (PA)       Hearing Aid Specialist

## Certification

 Sign and return this form to the applicant.

I affirm that the above named individual meets the certification requirements of being deaf, hard of hearing, speech impaired or dual sensory disabled as stated above.

Certifier Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Certifier Notes

 Use this space to provide any additional information.