



North Carolina
Department of Health and Human Services
Division of Services for the Deaf and the Hard of Hearing
319 Chapanoke Road, Suite 108 ♦ Raleigh, NC 27603
Tel: 919-773-2963 (Voice/TTY)
Michael F. Easley, Governor ♦ Carmen Hooker Odom, Secretary ♦ Jan Withers, Interim Director

Dear Applicant:

Thank you for your interest in the North Carolina Division of Services for the Deaf and the Hard of Hearing's Emergency Equipment Distribution Program (EEDP).

In this packet, you will find an application for EEDP, which provides special equipment that allows Deaf, Hard of Hearing and Deaf-Blind individuals to be warned about **emergencies** such as tornados, floods or chemical spills.

Please read the guidelines on page 2 (Step 1) to help you decide if you (or your child) qualify to receive equipment from EEDP. If you meet the qualifying requirements, please go on to Step 2 to begin your application process.

Changes in technology occur constantly and we strongly encourage you to contact your local Regional Resource Center (RRC) staff to help guide you in your selections. They are also available to provide equipment training. To locate the nearest RRC, refer to the list of RRC contacts on page 4.

Make sure you fill out the application form **completely** and include the required information. Forms that are not completed could cause your application to be delayed or turned down.

When you have completed the application, **it is recommended that you make a copy of the application for yourself and mail the original to:**

**DSDHH/EEDP
2301 Mail Service Center
Raleigh, NC 27699-2301**

If your application has been accepted, the equipment will arrive in **4 to 6 weeks following the date of acceptance**. If you have any further questions or concerns, please contact us at **1-877-261-3116 (Voice or TTY) or contact your local RRC**.

We look forward to assisting you.

Sincerely,

Emergency Alert and Response Coordinator

EEDP APPLICATION GUIDELINES

Step 1: To qualify, you must:

Be a resident of North Carolina. Proof of NC Driver's License, NC Identification Card, or most recent (last 3 months) Utility billing showing your current NC address is required.

Be certified with one of the following disabilities: Deaf, Hard of Hearing, Deaf/Vision Impaired and Hard of Hearing/Vision Impaired. **Disability Determination form** is required with a signature from a professional representative or licensed professional listed below:

- Audiologist
- Doctor/Physician
- Speech Pathologist
- Disability Service Center Representative
- Hearing Aid Specialist
- Appropriate State or Federal Agency Representative

Step 2: Check type of Emergency Alerting Equipment you think you need:

- **If you need to be alerted in your bedroom at night:**
 - Weather Radio with strobe light and bed shaker attached.
 - External Antenna – for fringe reception areas.

If you are not sure which one to choose, contact the Regional Resource Center closest to your home for assistance. To find the Regional Resource Center nearest you, go to the next page.

Our Regional Resource Center (RRC) Contacts:

<u>Department of Health and Human Services</u> <u>Division of Services for the Deaf and the Hard of Hearing</u> Regional Resource Centers		
Asheville Regional Resource Center	800-681-8035 TTY	800-681-7998 Voice
Counties Served: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Mitchell, Polk, Swain, Transylvania and Yancey		
Charlotte Regional Resource Center	800-835-5306 TTY	800-835-5302 Voice
Counties Served: Anson, Cabarrus, Gaston, Lincoln, Mecklenburg, Montgomery, Richmond, Rowan, Stanly and Union		
Greensboro Regional Resource Center	888-467-3413 Voice/TTY	
Counties Served: Alamance, Davie, Davidson, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry and Yadkin		
Morganton Regional Resource Center	800-205-9920 TTY	800-999-8915 Voice
Counties Served: Alexander, Alleghany, Ashe, Avery, Burke, Caldwell, Catawba, Cleveland, Iredell, McDowell, Rutherford, Watauga and Wilkes		
Raleigh Regional Resource Center	800-851-6099 Voice/TTY	
Counties Served: Caswell, Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Johnston, Lee, Moore, Nash, Orange, Person, Vance, Wake and Warren		
Wilmington Regional Resource Center	800-205-9916 TTY	800-205-9915 Voice
Counties Served: Bladen, Brunswick, Carteret, Columbus, Duplin, Jones, New Hanover, Onslow, Pender, Robeson, Sampson and Scotland		
Wilson Regional Resource Center	800-205-9925 TTY	800-999-6828 Voice
Counties Served: Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Lenoir, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrell, Washington, Wayne and Wilson		

EEDP Application Completion, fill in the following information:

- **PERSONAL APPLICATION form, page 5:**
 - **Applicant's full name:** First, Middle, Last, in that order.
 - **Current address:** street address, including street name along with PO box number (UPS won't deliver it to PO box only)
 - **City, State and Zip Code:** of your residence
 - **County name:** of your residence
 - **Phone number:** area code and telephone number
 - **Social security number:** Your SS number
 - **Sex:** M=male or F=female
 - **Date of your birth:** When were you born?
 - **Marital status, check one:**
Married, Single, Divorced, Separated, or Widowed
 - **Household Income Range:** What is the total income of all the family members living in the same house/apartment?
 - **People living in same Household:** How many people live in the same household?
 - **Hearing Status:** What type of hearing loss do you have?
 - **Race, Ethnicity, and Language, mark 'X' all that apply:**
NC Dept. of Health and Human Services requires the information of the race, ethnicity and language of applicants.
 - **How did you find out about our Emergency Equipment Distribution Service (page 6):**
Choose one on the list.
- **CONDITIONS OF ACCEPTANCE (AGREEMENT) form, page 7:**
Read carefully and understand the rules. Sign your name, social security number and date.
- **DISABILITY DETERMINATION form, page 8:**
This form is to be filled out ONLY by a certified person to certify your disability. Make sure that the one who certifies sign the form.
- **EQUIPMENT SELECTION form, page 9:**
Look over the list of emergency alerting equipment and decide which one is the best for your needs. If you are not sure, see Step 2 on page 2 and try to determine which equipment is best for your needs. If you need help, see page 3 and contact your local RRC for assistance.
- **APPLICANT SIGNATURE form, page 10:**
Sign your name and indicate a date of your signature. Include your required documents with your complete application and mail or fax them to our home office: **DSDHH/EEDP, 2301 Mail Service Center, Raleigh, NC 27699-2301, Fax: 919-773-2981.**

Authorization # _____

DSDHH Emergency Equipment Distribution Program Application

PERSON APPLYING please print using blue or black ink only.

NAME: _____
First Middle Last

ADDRESS: _____

(Please enter your STREET ADDRESS along with your PO Box Number. UPS won't deliver it to PO Box only.)

CITY, STATE, & ZIP CODE: _____

COUNTY: _____

AREA CODE/TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ SEX (M or F): _____

DATE OF BIRTH: _____

Marital Status: Married, Single, Divorced, Separated, Widowed

HOUSEHOLD INCOME RANGE (Check only one):

\$0 - \$14,999

\$15,000 - \$24,999

\$25,000 - \$49,999

\$50,000 or greater

NUMBER IN HOUSEHOLD: ____

HEARING STATUS (Check only one): Deaf, Hard of Hearing, Deaf-Blind,

Late-Deafened, Late-Onset Hard of Hearing, Hard of Hearing/Vision-Impaired

RACE, ETHNICITY AND LANGUAGE

(The North Carolina of Health and Human Services requires the information below)

Please mark 'X' all that apply:

Race:

White

African-American

American Indian

Asian

Pacific Islander

Other _____

Ethnicity: Hispanic/Latino

Non-Hispanic/Latino

Language Preference:

English

Spanish

Other _____ (write name of language)

Emergency Equipment Distribution Program

How did you find out about DSDHH's Emergency Equipment Distribution Program?

(√ **Check one**)

- PSA – TV/Radio
- Internet/Website
- Printed Outreach Materials (DSDHH Brochure/Fact Sheet, Phone Book, Newspaper Article)
- Outreach Activities (DSDHH Exhibit booth, presentation, etc)
- Division of Service for the Blind (DSB)
- Office of Education Services (Schools for the Deaf, Governor Morehead School)
- Vocational Rehabilitation/Independent Living (IL)/NCATP
- Department of Social Services (DSS)
- Mental Health (Psychiatrist, Psychologist, Therapist, etc)
- Emergency Management (EMS, Fire Department, etc.)
- Aging Services (Senior Center, Retirement Community, Nursing Home, etc)
- Medical Services (Physician, Hospital, Dentist, etc)
- Audiologist/Hearing Aid Dealer/ENT
- Consumer Organization (NCAD, SHHH, NCBDA, NCDBA, etc)
- School/University (Public School K-12, College/University, Vocational Program)
- Family/Friends
- Other _____

CONDITIONS OF ACCEPTANCE (AGREEMENT)

As an approved recipient ("approved recipient" and "you" mean the parent or legal guardian in cases where the applicant is a minor) of equipment on loan from the Emergency Equipment Distribution Service (EEDS), you have the following responsibilities and obligations:

- | | |
|---|---|
| Equipment can be replaced every 6 years. | 1. All equipment is on loan from the EEDP at the Division of Services for the Deaf and the Hard of Hearing (DSDHH) and will remain the property of the State of North Carolina. The units are loaned at no cost to recipients for a period of six (6) years, at which time the loan may be renewed |
| Sale not permitted. | 2. The equipment loaned to the approved recipient by DSDHH/EEDP must never be sold, loaned to anyone or transferred out of your possession. Selling, loaning or transferring the equipment makes the recipient liable for all the costs to replace the equipment |
| If moving out of State, Equipment must be returned. | 3. You must report any changes in your address and/or phone number to the DSDHH/EEDS office within 30 days of the changes |
| If stolen, get a Police report. | 4. If the recipient moves out of North Carolina, all of the equipment must be returned to the nearest Regional Resource Center (RRC) or the DSDHH Raleigh office before leaving the State. Removal of the equipment from North Carolina will subject the recipient to liability for the full replacement cost. If another eligible person living in the same household remains in North Carolina and wishes to keep the equipment, a new application must be filed within ten (10) days after the person moves out in order to keep the equipment |
| You are responsible for all equipment. | 5. You must immediately contact the DSDHH/EEDP office if your equipment is stolen. You must also report the theft to your local police and give the police report number to the EEDP office at DSDHH within 30 days of the incident. You may receive replacement equipment(s) after we receive the report |
| | 6. The approved recipient is responsible for the equipment. If the equipment is damaged, lost or destroyed because of negligence or abuse, the recipient will be responsible for paying for replacement and/or repair of the equipment. The recipient must report any damage, loss or destruction of the equipment to the EEDP office within 10 business days. |
| | 7. In the event of the death of the approved recipient, the executor of the estate or other responsible party must return the equipment to the nearest RRC or DSDHH within thirty (30) days. If another eligible person living in the same home wants to keep the equipment, they must file a new application form with DSDHH within thirty (30) days in order to keep the equipment |
| | 8. In cases where the approved individual is a minor, notification must be given to the EEDP office upon the 18 th birthday of the minor. Equipment will be transferred upon request to said child's name upon their 18 th birthday. Until that time, the parent or legal guardian of the minor will be responsible for all obligations outlined in this agreement |
| | 9. Only one weather radio per household will be approved based on eligibility. |
| | 10. Only one pager per applicant will be approved based on eligibility. |

I have read the responsibilities and obligations listed above and I understand them completely. I agree to follow these responsibilities and obligations fully and understand that legal action may be taken against me if I do not follow them. The EEDP/RRC Staff has explained the agreement to me in ASL (if applicable).

Applicant Signature	Social Security Number	Date
Signature of Parent or Guardian, if the applicant's age is under 18	Social Security Number of Parent or Guardian	Date
Authorized Signature (staff who helped client With application form)	Phone number	Date

DISABILITY DETERMINATION

**This form is to be completed by a person certifying applicant's disability only.
Applicants DO NOT fill out this form.**

Only qualified and appropriate professionals such as an Audiologist, Doctor/Physician, Hearing Aid Specialist, Speech Language Pathologists, Appropriate State or Federal Agency Representative or Disability Service Center Representative are individuals are qualified to complete this form.

This form certifies the existence of a disability requiring the use of equipment provided by the Emergency Equipment Distribution Service. To be eligible for the certification, the applicant must have one of the following disabilities as defined below:

- Deaf: an individual who is unable to hear and understand oral communication, with or without the assistance of amplification devices to hear oral communication.
- Hard of Hearing: an individual who has a permanent hearing loss, which is severe enough to necessitate the use of amplification devices to hear oral communication.
- Deaf/Vision Impaired: a Deaf individual as defined above who is also certified with vision impairments or legally blind or has dual sensory loss.
- HOH/Vision Impaired: a Hard of Hearing individual as defined above who is also certified with vision impairments or legally blind or has dual sensory loss.

If you have any questions, please call the Emergency Equipment Distribution Service toll-free at 1-800-999-5737 (Voice/TTY).

Name of Certifier (please print) _____

Title _____ State License Number _____

Certifier's Address _____ Telephone Number _____

City, State, Zip Code _____

Name of applicant (please print) _____

Check the applicant's disability being certified:

Deaf Hard of Hearing Deaf/Vision Impaired HOH/Vision Impaired

I affirm that the above named individual meets the certification requirements of being Deaf, Hard of Hearing, Deaf/Vision Impaired or Hard of Hearing/Vision Impaired as stated above.

Certifier's signature _____ Date _____

**This form is to be completed by a person certifying applicant's disability only.
Applicants DO NOT fill out this form.**

Emergency Equipment Selection

Weather Radio

- First Alert WX-167, with strobe/bed shaker attachment
- External Antenna

April 2005

Applicants can select one (1) Weather Radio. Only one radio will be allocated per household

APPLICANT SIGNATURE

I understand that I am applying for equipment with the NC Division of Services for the Deaf and the Hard of Hearing's Emergency Equipment Distribution Program and I promise that the information I provided on this application is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Signature of Parent or Guardian, if the applicant's age is under 18:

_____ Date: _____

Print Name of Parent or Guardian

Social Security Number of
Parent or Guardian

COPY and MAIL

It is recommended that you make copies of the application for your records.

Before mailing, make sure you include the following:

1. The application from pages 5 through 10, including personal information, Conditions of Acceptance, Disability Determination and Equipment Selection, AND
2. Copy of driver's license or utility bill.

Then, return the original application and copies to the following address:

**DSDHH/EEDP
2301 Mail Service Center
Raleigh, NC 27699-2301**