



North Carolina  
Department of Health and Human Services  
**Division of Services for the Deaf and the Hard of Hearing**  
Michael F. Easley, Governor ♦ Dempsey Benton, Secretary ♦ Jan Withers, Director

**(Important Notice: if you apply for a hearing aid, you cannot apply for a telephone. If you apply for a telephone, you cannot apply for a hearing aid. Our policy states that you must choose one or the other, not both. Please think carefully and choose one. Thank you.)**

Dear Applicant:

Thank you for your interest in the North Carolina Telecommunications Equipment Distribution Program (NCTEDP).

This is the **HEARING AID PROVISION** application, which provides special equipment that allows individuals with hearing loss to communicate on the telephone **using the hearing aid with T-coil.**

Please read the guidelines (page 2) to help you decide if you (or your child) qualify to receive equipment from NCTEDP.

Changes in technology are constant. **We strongly encourage you to contact the Regional Center serving your county to help guide you in your selections.** They are also available to provide equipment training.

Make sure you fill out the application form **completely** and **include the required documents.** Forms that are not completed could cause your equipment to be delayed or denied. Make a copy of the application for yourself and mail the **original** to the Regional Center serving your county. A list of the Regional Centers and the counties they serve is on page 10.

If your application has been accepted, you will be notified with a letter confirming the approval. It takes approximately **4 to 6 weeks to complete the hearing aid process following the date of acceptance.** If you have any further questions or concerns, please **contact your Regional Center (see page 10).**

We look forward to assisting you.  
Sincerely,

NCTEDP Coordinator



## ☑ NCTEDP APPLICATION GUIDELINES

### To qualify, you must:

- Be a resident of North Carolina. Send a photocopy of **one** of the following:
  - Current NC Driver's License, **or**
  - Current NC Identification Card, **or**
  - The most recent utility bill showing your current NC address (telephone, electricity, cable, water, sewage or gas), **or**
  - Official letter from a current landlord or residential management entity verifying the current residency of the applicant
  
- Get one of the professionals on the list below to complete the **Disability Determination form (page 6)** to certify that you have a disability in one of the following categories: Deaf, Hard of Hearing, Deaf/Vision Impaired, Hard of Hearing/Vision Impaired and Speech Impaired.
 

<ul style="list-style-type: none"> <li>• Licensed Audiologist</li> <li>• Licensed Doctor/Physician</li> <li>• Licensed Speech Pathologist</li> <li>• Licensed Hearing Aid Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• State certified teacher</li> <li>• Appropriate State or Federal Agency Representative (agency that serves people with disabilities)</li> </ul>
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- Have a limited family income or be a recipient of public funds. Refer to the chart below to determine your income eligibility. Include the gross income for all family members, related by blood, marriage or adoption, living at the same address as applicant. Send a photocopy of documents that show **all** sources of income.
  - The most recent paycheck stub.
  - The most recent W-2 form.
  - The most recent state or federal income tax return.
  - The most recent retirement statement.
  - The most recent Nursing Home statement.
  - The most recent Social Security check or a dated Social Security award letter.
  - The most recent bank statement that shows a Social Security direct deposit

Number in Family	Annual Gross Income Limit
1	\$26,000
2	\$35,000
3	\$44,000
4	\$53,000
5	\$62,000
6	\$71,000
7	\$80,000
8	\$89,000

\* For family units of more than 8 members, add \$3,600

Authorization # \_\_\_\_\_

## NC Telecommunications 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. UPS won't deliver to a PO Box.)

CITY, STATE, & ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

AREA CODE/TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ SEX (M or F): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HAVE YOU EVER WORN A HEARING AID BEFORE?  Yes OR  No

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

Names of family members, related by blood, marriage, or adoption, living at the same address as applicant:

	<u>Name</u>	<u>Birth date</u>	<u>Relationship</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Please list any additional family members living at the same address on the back of this form.

### RACE, ETHNICITY AND LANGUAGE

(The North Carolina Dept. 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 \_\_\_\_\_ (please specify)

## FINANCIAL INFORMATION

Please calculate your household income for the entire year and fill in your calculated income from the following sources below. Please include a proof of income as instructed on the checklist.

Annual Salary	\$ _____
SSI/SSDI	\$ _____
Social Security	\$ _____
Retirement	\$ _____
AFDC	\$ _____
Other	\$ _____
Total	\$ _____

## NCTEDP PROGRAM – REFERRAL

How did you find out about the NC TEDP? (✓ Check one)

- Vocational Rehabilitation (VR)
- OES (Schools for the Deaf)
- Emergency Management
- Mental Health
- Department of Social Services (DSS)
- Division of Service for the Blind (DSB)
- Aging Services
- Medical Services
- Consumer Organization (NCAD, HLAA, etc.)
- School/University
- Family/Friends
- Website (Internet)
- Printed Outreach Materials (Brochure, Phone book)
- Outreach Activities (Booths, Presentations)
- Public Service Announcement (TV/Radio)
- 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 NC Telecommunications Equipment Distribution Program (NCTEDP), you have the following responsibilities and obligations:

- |   |  |
|---|--|
| Equipment can be replaced every 6 years.            | 1. All equipment is on loan from the NCTEDP 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 NCTEDP/DSDHH 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 NCTEDP 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 Center 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 repairs.                | 5. You must immediately contact the NCTEDP office if your equipment is stolen. You must also report the theft to your local police and give the police report number to the TEDP 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 all reasonable expenses to maintain and repair 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  |
|   | 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 Regional Center 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 NCTEDP office upon the 18 <sup>th</sup> birthday of the minor. Equipment will be transferred upon request to said child's name upon their 18 <sup>th</sup> 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 kind of equipment per household for each disability 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 NCTEDP/DSDHH Staff has explained the agreement to me in ASL (if applicable).

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

## DISABILITY DETERMINATION

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

The following individuals are qualified to certify and complete this form:  
Audiologist, Doctor/Physician, Hearing Aid Specialist, Speech Language Pathologists, State certified teacher, or State/Federal Agency representative (agency that serves people with disabilities).

This form certifies the existence of a disability requiring the use of equipment provided by the NC Telecommunications Equipment Distribution Program (NCTEDP) of North Carolina. 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.
- Speech Impaired: an individual who has a permanent loss of oral communication ability, which prohibits normal usage of a standard telephone handset.

If you have any questions, please call the Regional Center serving your county.

Name of Certifier (print clear) \_\_\_\_\_

Title \_\_\_\_\_ State License Number \_\_\_\_\_

Certifier's Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Name of applicant (print clear) \_\_\_\_\_

Check the applicant's disability being certified:

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

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

Certifier's signature \_\_\_\_\_ Date \_\_\_\_\_

## HEARING AID USER AGREEMENT

In addition to the agreements as stipulated on the Telecommunications Equipment Distribution Program "Conditions of Acceptance (Agreement)" form, the user also agrees to the following when accepting a hearing aid through the program. The statements below are more specific to hearing aid use:

If not satisfied, return hearing aid within 30 days to vendor.

You are responsible for maintenance and repairs

Only qualified NC licensed professional should adjust

Hearing aids replaced every 6 years

If hearing aid is chosen, TTY or amplified telephone option not permitted

- 1) The user understands that a hearing aid does not cure hearing loss. It will indeed help relieve many problems experienced from hearing loss. An adjustment period is always needed for the user to become accustomed to the sounds amplified by the hearing aid. The user agrees to faithfully wear the hearing aid as instructed by the dispenser during the provided 30-day trial period. If for any justified reason, the user decides he/she no longer desires the hearing aid, it must be returned within the first 30 days of use to the vendor.
- 2) If the hearing aid is no longer desired after the 30-day trial period is completed, the hearing aid must be returned to the Regional Center serving your county.
- 3) All hearing aids require regular maintenance to stay in good working condition. The user agrees to maintain the instrument as instructed by the dispenser. All general maintenance costs (batteries, minor repairs, repairs due to mistreatment of the instrument) are the responsibility of the user. A manufacturer's warranty of one (1) year is in effect from the date of receipt of hearing aid.
- 4) No adjustments to the hearing aid should be done by the user, but only by a qualified NC licensed hearing aid dispenser. A user may be subject to the cost of the hearing aid if tampering or mistreatment of the instrument is done.
- 5) The hearing aid is the property of the State of North Carolina, specifically the TEDP of the NC Services for the Deaf and the Hard of Hearing. Upon completion of use for any reason, whether by move to another state, death of user, or disenchantment with the instrument, the hearing aid must be returned to the Regional Center serving the applicant's county by the user or a responsible family member.
- 6) As with other equipment distributed by this program, hearing aids can be replaced no more than every six years. The exception to this is if there is documented and significant proof from a licensed physician or audiologist that the users hearing loss has dramatically worsened to a point the prescribed hearing aid is no longer effective. A new hearing aid can be dispensed providing the Telecoil is still a viable and usable tool for the user.
- 7) Two persons of the same household may have hearing loss and require hearing aid use. Because these two people cannot share one hearing aid, both may apply for this hearing aid equipment option only, providing all required documentation is presented with the application forms.
- 8) With the option of a hearing aid, the user understands that amplified telephone and TTY equipment cannot be one of the other equipment choices. The Telecoil is designed for telephone compatibility and the hearing aid should be sufficient enough for telephone use.

I understand the above and do hereby agree to all terms and conditions as defined.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

DSDHH Staff Representative

\_\_\_\_\_

Date

**This section to be completed by the dispensing Hearing Aid professional**

**CERTIFICATION OF Telecoil Candidacy and Hearing Aid Model Selection**

1) Based upon review of audiogram, I certify that, \_\_\_\_\_ (name of applicant) is a good candidate for use of Telecoil that will be included in the following hearing aid.

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

BTE Digital: \_\_\_\_\_ BTE Analog: \_\_\_\_\_ ITE Digital: \_\_\_\_\_ ITE Analog: \_\_\_\_\_

2) Based upon review of audiogram, I certify that, \_\_\_\_\_ (name of applicant) **does not meet** the minimum standards for successful use of a telecoil in a hearing aid.

Certifier's name (print clear) \_\_\_\_\_

Company name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Certifier's Signature (required) \_\_\_\_\_

Tax Id number (required) \_\_\_\_\_ Group # \_\_\_\_\_

Title \_\_\_\_\_ Phone# \_\_\_\_\_

License Number (required) \_\_\_\_\_ Date signed (required) \_\_\_\_\_

**This section (below) is for the Applicant (Hearing Aid User) to choose one Alerting Signaler and/or Amplifying aid (optional).**

\_\_\_ **I do not want any Alerting Signalers and Amplifying aids.**

\_\_\_ **I need more information about Alerting Signalers and Amplifying aids. Please contact me.**

**Alerting Signalers and Amplifying aids**

Ameriphone AM-6000/RX Remote Combo  
(Base unit w/ phone-ringing indicator, bedshaker, & doorbell and remote receiver)

Ameriphone AM-6000/Tactile Signaler PXB Combo  
(Base-unit w/ phone-ringing indicator, bedshaker, & doorbell and tactile signaler receiver) (for Vision Impaired)

Ameriphone HA-40 In-Line (portable phone amplifier)

Ameriphone SR200 Super Phone Ringer

Sonic Alert Signaling System Combo  
(Base-unit w/ alarm clock, bedshaker, doorbell/phone signaler and remote receiver)

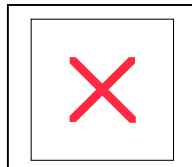
Silent Call Vibra-Call Tactile Receiver Combo  
(Vibra-Call receiver, Phone transmitter & Battery charger) (for Vision Impaired)

AM6000 & Remote

Sonic Alert Signaling

Phone Ringer

HA-40 Inline



## APPLICANT SIGNATURE

I understand that I am applying for equipment with the North Carolina Telecommunications 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

## 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 3 through 9, including personal information, Conditions of Acceptance, Disability Determination, Certification of Telcoil Candidacy and Hearing Aid Model Selection, AND
2. Copy of documents supporting income eligibility , AND
3. Copy of documents supporting NC residency, etc.

Then, return the original application and copies of supporting documents to the Regional Center serving your county (Regional Centers and its addresses are listed on the next page):

<p><b>Asheville Regional Center</b>  12 Barbetta Drive  Asheville, NC 28806</p> <p style="text-align: right;">800-681-8035 TTY      800-681-7998 Voice</p> <p>Counties Served: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Mitchell, Polk, Swain, Transylvania and Yancey</p>
<p><b>Charlotte Regional Center</b>  5501 Executive Ctr. Drive, Suite 101  Charlotte, NC 28212</p> <p style="text-align: right;">800-835-5306 TTY      800-835-5302 Voice</p> <p>Counties Served: Anson, Cabarrus, Gaston, Lincoln, Mecklenburg, Montgomery, Richmond, Rowan, Stanly and Union</p>
<p><b>Greensboro Regional Center</b>  122 North Elm Street, Suite 900  Greensboro, NC 27401</p> <p style="text-align: right;">888-467-3413 Voice/TTY</p> <p>Counties Served: Alamance, Davie, Davidson, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry and Yadkin</p>
<p><b>Morganton Regional Center</b>  517 C West Fleming Drive  Morganton, NC 28655</p> <p style="text-align: right;">800-205-9920 TTY      800-999-8915 Voice</p> <p>Counties Served: Alexander, Alleghany, Ashe, Avery, Burke, Caldwell, Catawba, Cleveland, Iredell, McDowell, Rutherford, Watauga and Wilkes</p>
<p><b>Raleigh Regional Center</b>  2301 Mail Service Center  Raleigh, NC 27699-2301</p> <p style="text-align: right;">800-851-6099 Voice/TTY</p> <p>Counties Served: Caswell, Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Johnston, Lee, Moore, Nash, Orange, Person, Vance, Wake and Warren</p>
<p><b>Wilmington Regional Center</b>  3340 Jaeckle Dr. Randall Bldg. Suite 104  Wilmington, NC 28403</p> <p style="text-align: right;">800-205-9916 TTY      800-205-9915 Voice</p> <p>Counties Served: Bladen, Brunswick, Carteret, Columbus, Duplin, Jones, New Hanover, Onslow, Pender, Robeson, Sampson and Scotland</p>
<p><b>Wilson Regional Center</b>  216 West Nash Street, Suite A  Wilson, NC 27893</p> <p style="text-align: right;">800-205-9925 TTY      800-999-6828 Voice</p> <p>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</p>

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