

# NEW CLIENT APPLICATION

## (Renewal Clients, Call ITAC)



Illinois Telecommunications Access Corporation  
 800-841-6167 V/TTY  
 www.itactty.org

A FREE program REQUIRED by Illinois Law

### BASIC REQUIREMENTS:

- Resident of Illinois
- Active phone service
- Application signed by Doctor/Professional (page 2)

### You Need To Do These Four Things:

**1. Complete Application:**

Client completes page 1.  
 Have Page 2 completed and signed by your Doctor/Certifier.

**2. A Copy of your recent Phone Bill/s:**

Both Landline *and* Cellular if you are applying for both types of equipment.  
 (The pages that show your name, address, phone number, all taxes & other fees)  
 Applicants with *prepaid cell phones* **must** bring phone when testing equipment.

**3. Proof of Residency:**

Copy of your Driver's License, State ID, or piece of mail.  
 (showing same address as on the application)

**4. Send this Original, Completed Application to:**

**ITAC**  
 3001 Montvale Drive, Ste A, Springfield, IL 62704

**\*NOTE: Include Pre-Selection Form if you have already tested the phones.**

Full Name (Mr., Mrs., Ms.) (Please print)		Date of Birth (Month/Day/Year)	
Last 4 Numbers of Social Security Number (Required) X X X - X X -	Landline Area Code & Phone Number		Cellular Area Code & Phone Number
Street Address		Apt. #	City, State, Zip Code
E-Mail Address of Applicant or Contact Person	Name of Landline Telephone Company		Name of Cellular Company

**Disability:**

- Deaf
- Hard of Hearing
- Late-Deafened
- Speech Disabled
- Deaf-Blind

**Equipment Applied For:**

- Cell Phone Amplifier
- Amplified Phone
- Captioned Phone
- TTY

**Method of Communication:**

- Sign Language
- Lip Reading
- Spanish Available at Some Locations
- Normal Speech Skills

- You will try the Equipment to determine which best meets your needs.
- Have you already tested the phones? \_\_\_\_\_ Where? \_\_\_\_\_
- Do you or a member of your household currently have a phone from ITAC? \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

If under 18, Parent Signature Required

**All Information Provided is STRICTLY CONFIDENTIAL**

VOUCHER SENT \_\_\_\_\_ Page 1

**Have your Doctor/Professional Fill in and Sign this side**

Applicant must be deaf, hard of hearing, speech disabled or deaf-blind to the extent that they are unable to use a standard phone.

**Equipment choice is not binding. Final choice will be determined by client's testing of equipment.**

***The goal of this program is to match the client with the piece of equipment that works best for them.***

**People Who Can Sign the Application Are:**

- Your Doctor/Nurse Practitioner
- Audiologist
- Licensed Hearing-Aid Dispenser
- DHS Counselors for the Deaf
- Speech-Language Pathologist

**Disability Being Certified:**

- Deaf
- Hard of Hearing
- Late-Deafened
- Speech Disabled
- Deaf-Blind

\* Does applicant read Braille?

Yes    No   At what level? \_\_\_\_\_

**State of Disability Is:**

- Temporary
- Intermittent
- Permanent

\*Disability must be permanent, but may be intermittent.

**Equipment Applied For:**

**Cell Phone Amplifier**

Serves people who are Hard of Hearing with cellular phone service.

**Amplified Phone**

Choice of amplified phones to meet various levels of hearing loss.

**Captioned Phone**

Serves people who are Deaf or Late Deafened who MUST have excellent speech skills. Calls are made using a captioning relay service.

**TTY**

Serves people who are Deaf and/or Speech Disabled. Calls can be made from TTY to TTY or by using a relay service.

**Deaf-Blind Equipment**

\*Evaluator will meet with client to determine eligibility.

Name of Physician/Provider	
Title	State License Number
Address	
City, State, Zip	Area Code & Telephone Number
Name of Applicant	Last 4 Numbers of Applicant's Social Security Number

***I affirm that the person named on this application meets the certification requirements of being Deaf, hard-of-hearing, speech disabled or deaf-blind as stated above to the extent that they are unable to use the standard telephone.***

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_