

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.

Client completes ITAC Loan Program Agreement, if applicable. (Required for Cell Phone - Hard of Hearing).

Have Page 2 of this form 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. Mail All Signed Forms and Required Documents 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) XXX-XX-	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:

- Amplified Phone
- Captioned Phone
- TTY
- Cell Phone-Hard of Hearing
- Cell Phone Amplifier

Method of Communication:

- Sign Language
- Lip Reading
- Normal Speech Skills

• You will try the Equipment to determine which best meets your needs.

• Have you already tested the phones? Yes No Where? _____

• Do you or a member of your household currently have a phone from ITAC? Yes No

SIGNATURE OF APPLICANT _____ **Date** _____

If under 18, Parent Signature Required

All Information Provided is STRICTLY CONFIDENTIAL

VOUCHER SENT _____

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 *Disability must be permanent,
- Intermittent but may be intermittent.
- Permanent

Equipment Applied For:

- 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.
- Cell Phone-Hard of Hearing**
Serves people who are Hard of Hearing with cellular phone service.
- Cell Phone Amplifier**
Serves people who are Hard of Hearing with cellular phone service.
- Deaf-Blind Equipment**
Evaluator will meet with client to determine eligibility.

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

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** _____