



Illinois Telecommunications Access Corporation

800-841-6167 V/TTY • 217-698-0942 Fax

ITAC SPEECH AMPLIFIER APPLICATION

CLIENT INSTRUCTIONS:

1. Complete the application.

Applicant completes all client information.

Speech-Language pathologist, or physician, completes the certification information.

2. Copy of your current phone bill.

Remit a copy of either your landline or cell phone bill. Include the pages that list name, address, phone number, and all taxes & fees.

3. Proof of residency.

Copy of driver's license, State ID, or piece of mail with the same address as listed on the application.

4. Send this original, completed application to:

ITAC

3001 Montvale Drive, Ste. A

Springfield, IL 62704

Last 4 digits of SS#: XXX-XX-_____

Client's Name: _____ Date of Birth: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Landline Phone #: _____ Cell Phone #: _____

Landline Phone Company: _____ Cell Phone Company: _____

Applicant Signature: _____ Date: _____

(If under 18, parent or guardian signature required)

CERTIFICATION FOR USE OF SPEECH AMPLIFIER

By providing the following information, you are verifying that the above-named applicant has a permanent speech disability requiring a speech amplifier to aid in effective communication.

Name of Speech-Language Pathologist or Physician: _____

Title: _____ State License Number: _____

Address: _____ City, State, Zip: _____

Area Code & Telephone Number: _____ Initial here if cell phone verified _____

Signature: _____ Date: _____ Last 4 Digits of Applicants SS# _____