Illinois Telecommunications Access Corporation

800-841-6167 V/TTY • 217-698-0942 Fax

ITAC ELECTROLARYNX 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, Suite. 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 ELECTROLARYNX

By providing the following information, you are verifying that the above-named applicant has had a laryngectomy requiring an artificial larynx to communicate.

Name of Speech-Language Pathologist or Physician: _____

Title: _____ **State License Number:** _____

Address: _____ **City, State, Zip:** _____

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

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

ITAC USE ONLY REVISED 5/2018 Date Ordered _____ BY _____