



## Illinois Telecommunications Access Corporation iPad/iPhone Application Checklist

***You must complete the following steps to receive equipment from ITAC under the iPad/iPhone Loan Program:***

- Complete and sign this [ITAC iPad/iPhone Program Application](#).
- Complete and sign the [ITAC Loan Program Agreement](#).
- Have a certified Speech Language Pathologist (SLP) or a certified or licensed Hearing Care Professional complete and sign the [ITAC iPad/iPhone Certification Form](#) certifying that you are permanently deaf or that you have a permanent speech disability.
- Provide a copy of your [valid ILLINOIS identification proving your residency in Illinois](#). Accepted forms of identification are a current IL driver's license, an IL Voter's Registration Card, IL issued State ID card or piece of mail, with corresponding address.
- Provide a copy of your [telephone bill](#).
- Provide a copy of [applicant's birth certificate](#) if applicant is under 18 years old.
- Provide [proof of guardianship](#), if applicable.
- Mail all signed forms and required documents to:

**Illinois Telecommunications Access Corporation  
3001 Montvale Drive, Suite A  
Springfield, IL 62704**



## Illinois Telecommunications Access Corporation iPad and iPhone Loan Program Application

**Applicant Information: Please print clearly.**

Applicant's Name \_\_\_\_\_ Last 4 digits of SS# XXX-XX- \_\_\_\_\_

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Landline Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Landline Phone Company: \_\_\_\_\_ Cell Phone Company: \_\_\_\_\_

### **Parent or Guardian Information: (if applicant/user is under 18 years old)**

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **The applicant (select one):**

\_\_\_ is permanently deaf and applying for an iPhone with deaf apps

\_\_\_ is permanently deaf and applying for an iPad with deaf apps

\_\_\_ has a permanent speech disability and is applying for an iPad with speech apps

I promise that the information I have provided is true and accurate to the best of my knowledge. I also understand that ITAC may make certain non-protected health information available to a third party or other entities for the purposes of program administration, improvement, evaluation, or auditing. Protected health information may be disclosed pursuant to the HIPAA Release below:

**HIPAA RELEASE:** This application contains protected health information. I hereby authorize ITAC to communicate, share, and disclose protected health information to those person(s) /entities necessary for the purpose of delivering specialized equipment applied for in this application.

I understand that, unless ITAC's Service Offering or the Illinois Administrative Code provide otherwise, one piece of equipment shall be provided to an eligible, certified user and the maximum number pieces of equipment that shall be provided in a household is the lesser of the number of certified users or the number of subscriber lines in a residence.

ITAC, ITS EMPLOYEES AND AFFILIATES, MAKE NO WARRANTY, REPRESENTATION OR CONDITION OF ANY KIND REGARDING THE PRODUCTS CONTAINED HEREIN AND/OR PROVIDED THROUGH OR BY ITAC, ALL PRODUCTS ARE PROVIDED WITHOUT WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

**Applicant or Parent/Guardian Signature** \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_

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



**Hearing or Speech Professional Certification  
For iPad and iPhone Loan Program  
Administered by the Illinois Telecommunications Access Corporation**

**TO THE APPLICANT:** Please deliver this form to a certified speech-language pathologist (for speech iPad) or hearing care professional (for iPad/iPhone for the deaf) to complete and return the form to you.

**TO THE CERTIFIER:** The applicant is requesting specialized telecommunications equipment as part of the Illinois Telecommunications Access Corporation (ITAC) Equipment Loan Program. Please complete all information thoroughly and attach additional pages as needed.

Name of certifier: \_\_\_\_\_ Phone #: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Company Name: \_\_\_\_\_ State License or Certification # \_\_\_\_\_

I am a:

- Certified Speech-Language Pathologist
- Licensed Audiologist
- Licensed Hearing Instrument Dispenser
- Licensed Physician.

Name of Applicant for the ITAC iPad/iPhone Loan Program: \_\_\_\_\_

Name of Parent or Guardian, if user is under 18: \_\_\_\_\_

**Describe the applicant's disability that qualifies them for the ITAC iPad/iPhone Loan Program:**

- Applicant is permanently deaf; or
- Applicant has a permanent speech disability and is not deaf

***One piece of equipment can be provided to an eligible, certified user.***

**For applicants with a speech disability who are not deaf:**

An iPad pre-loaded with ProLoquo AAC will be distributed. If a different speech application is needed, please indicate:

- Propoquo2Go
- TouchChat HD with Word Power
- LAMP Words for Life
- TD Snap (previously called Snap Core First)
- Tippy Talk
- Video Relay Service (for those who use ASL)

**For deaf applicants:**

Please indicate the device the applicant desires:

\_\_\_ iPhone

\_\_\_ iPad

With the recommended equipment, will the applicant be able to engage in a telephone/video call? (E.g., will a deaf applicant be able to communicate via Video Relay Service using ASL or via IP Captioned Telephone Service? Will an applicant with a speech disability be able to communicate, using ACC apps and a landline or mobile phone or using Video Relay Service with ASL?) Please explain:

**Certifications:**

I am a certified or licensed speech language pathologist or hearing care professional, and the applicant is my client/patient.

I certify that the applicant has a permanent speech disability or that the applicant is permanently deaf.

I certify that the applicant’s speech disability or deafness prevents them from engaging in conversation using a standard landline telephone, amplified telephone, VoIP telephone or cell phone without the use of assistive equipment.

**If there are any qualifications, exceptions, or limitations to the certifications and statements above, please attach detailed explanations.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Selection Center Information**

Selection Center Name: \_\_\_\_\_

Selection Center Employee: \_\_\_\_\_

Cell phone service verified if applicable? \_\_\_\_\_

**ITAC USE ONLY** Date Ordered \_\_\_\_\_ By \_\_\_\_\_



# Illinois Telecommunications Access Corporation Loan Program Agreement

**IMPORTANT - Read, sign, and return with your application**

As a recipient of loaned ITAC equipment, you have the following **legal responsibilities and obligations** as set forth by Illinois law (83 IL Administrative Code, Part 755). *The words "recipient" and "you" mean the parent or legal guardian if the applicant/user is a minor.*

1. **All equipment in the loan program belongs to ITAC and will remain property of ITAC.**
2. **The applicant or user for whose use the loaned equipment is intended must be at least five (5) years old.**
3. **The equipment loaned by ITAC must never be sold or loaned to anyone or transferred out of your possession.** Selling, loaning, or transferring the equipment makes you liable for the total replacement cost.
4. **If the equipment needs repair, do not attempt to repair it yourself.** (If you do, you will be liable for all costs to repair or replace the equipment.) Call Teltex at 888-515-8120.
5. **If you are without telephone service for at least 45 days** (due to disconnection because you have moved or not paid your telephone bill) **all equipment must be returned to ITAC.** If your telephone service is reconnected, you should call ITAC for reinstatement to the program.
6. **You must immediately report any change in your address or telephone number to ITAC.**
7. **You are not allowed to take ITAC equipment out of the state of Illinois.** If you move out of Illinois, all of the equipment loaned by ITAC must be returned before you leave the state. Removal of ITAC equipment from Illinois will subject you to liability for the full replacement cost.
8. If your equipment is lost, stolen or damaged, contact ITAC immediately. If stolen, **you must provide ITAC with the police report number within 5 working days.**
9. ITAC will assume all reasonable expenses to maintain and repair your equipment. **If equipment is damaged, lost, or destroyed because of negligence or abuse, you must pay for replacing or repairing the equipment.** ITAC will only pay for damage caused by normal wear and tear on the equipment.
10. **In the event of the death of the approved recipient, the executor or other responsible person must return the equipment to ITAC within thirty (30) days.**
11. If the approved recipient moves out of state or dies, and another eligible person living in the same residence wishes to keep the equipment, that person must file a new application form with ITAC within ten (10) days in order to keep the equipment.
12. **In cases where the approved recipient is a minor, all ITAC equipment and obligations and responsibilities set forth by this document will be transferred to the recipient on the recipient's eighteenth (18<sup>th</sup>) birthday.**

I have read these terms of this ITAC Loan Program Agreement. I understand and agree to comply with all the conditions of ITAC Equipment Loan Program.

**Applicant's Name (print)** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Applicant or Guardian Signature** \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_