



iPhone Application

Administered by the Illinois Telecommunications Access Corporation

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 applicable)

First Name: _____ Middle _____ Last: _____

Home Phone: _____ Other Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

- Copy of your valid Illinois identification (**IL driver's license, IL ID card, or Piece of Mail**)
- Copy of your **current phone bill**.
- Proof of guardianship (if applicable)
- This is a pilot program and inventory is limited.

I have read the Loan Program Agreement. I understand and agree to comply with all the conditions of the Illinois Telecommunications Access Corporation Equipment Distribution Program (ITAC). 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:

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.

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 by me or my guardian in this application.

Applicant or Guardian Signature _____ Relationship to Applicant _____ / ____ / ____
(Date)

Send form & documents to: ITAC, 3001 Montvale Drive, Suite A, Springfield, IL 62704

Application Checklist

You must complete the following steps to receive equipment from ITAC:

- The first page of the application by entering the requested applicant information. If you are a guardian completing the application, please see the guardian information above.
- Have a Doctor, Audiologist, or Hearing Aid Specialist complete and sign the "Certification" form" certifying your hearing loss.
- 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.
- Sign your Application Form.
- Mail your completed Application, Professional Certification, and Loan Program Agreement forms along with the copies of your current Illinois Identification and phone bill to ITAC.