# The Telecommunications Access Program... It's For You!





Kentucky Commission on the Deaf and Hard of Hearing

## Quick Facts about the KCDHH Telecommunications Access Program (TAP)

- In 1994, the Kentucky General Assembly passed a bill that established the TAP.
- This program ensures that deaf, hard of hearing, speech impaired and deaf/blind individuals receive equal access to telephone services at no cost above the amount paid by hearing individuals.
- The program is funded by a small surcharge that is applied to all telephone lines and wireless accounts in Kentucky.
- Household income is not considered when determining eligibility for TAP equipment.
- Equipment is distributed by order of selection, depending on availability of funds. New applicants are given preference over reapplications.
- Only one specialized phone and one signaler is distributed to eligible applicants per telecommunications access line within a four year period. Replacements are permitted under limited circumstances with verification required.

## **Applying for the Specialized Telecommunications Equipment**

## Am I eligible to apply? To apply for the Telecommunications Access Program (TAP), you must meet the following criteria:

- Reside in Kentucky for one (1) year prior to the date of application.
- Be at least five (5) years of age or older. Thirteen (13) if applying for a wireless device. If under eighteen (18) years of age, a parent or guardian must sign the application and assume full responsibility for the equipment.
- Be deaf, hard of hearing, speech impaired or deaf/blind to the extent that you cannot use the regular telephone for communication without the use of adaptive equipment.
- Verify telephone or internet service as requested by TAP.

# How to Apply

### 1. Fill out the application completely.

Make sure you answer all the questions correctly and do not leave any blanks. If you have a P.O. Box, please also provide a 911 or street address.

Equipment cannot be shipped to P.O. Boxes.

## 2. <u>Have a certified/licensed professional complete the "Professional Certification" section</u> of the application.

- Take your application to a licensed professional, ie.:
- Audiologist
- Speech-language pathologist
- Hearing instrument specialist
- Advanced Practice Registered Nurse (APRN)
- Physician (Family, ENT or Internal Medicine)
- Eye Specialist (For Vision Loss Only)
- Physician's Assistant (Certified)
- Otolaryngologist (ear, nose, and throat)
- Director Public/Private Agency (Requires approval)

### 3. Provide Proof of Residency.

You need to prove that you have lived in Kentucky for at least one (1) year prior to the date of application. You need to provide a driver's license or acceptable ID that matches the address on your application.

## Next...

## Mail or bring your application to the KCDHH office.

## TAP can process original and online applications. Copies or faxes are also accepted.

# PLEASE CHOOSE ONLY ONE (1) DEVICE AND ONE (1) SIGNALER. EQUIPMENT CANNOT BE EXCHANGED.

# What equipment should I apply for?

You should apply for the Specialized Telecommunication Equipment (STE) that best enables you to communicate. The Equipment Guide includes pictures of equipment currently available with a short explanation of their features and intended use. Applicants should consult with a licensed professional to assist in making a choice of equipment that best suits your need.

# After I submit my application, what happens? (Note: All information is kept strictly confidential.)

- Complete applications are dated and signed by TAP staff, determining the first-come, first-serve approval date.
- Incomplete applications require additional verification. A letter will be sent requesting the missing information.
- A letter is sent within sixty (60) days notifying you if your application has been approved or denied.
- Be sure to notify KCDHH of any address changes.
- Once your equipment is ordered, it is shipped directly from the vendor to you.

## When Your Equipment Arrives:

- 1. **Contact KCDHH** to let staff know that you have received your equipment. (800-372-2907 or 502-573-2604)
- 2. **Keep the box.** If your equipment needs repaired, it must be returned in its original box.
- 3. **Keep all the paperwork.** If anything happens to your equipment, you will need your paperwork for repairs.
- 4. **Read the owner's manual.** If you still cannot work your equipment, contact the vendor for customer service or KCDHH.

# If Your Equipment Needs Repaired:

Equipment distributed by the TAP has a warranty from the company that provided the equipment. If you are a resident of Kentucky, repair and maintenance not caused by consumer misuse, neglect or abuse is covered under this warranty.

- 1. **Contact KCDHH.** You will be given contact information for the company and instructions for the equipment you received.
- 2. **Contact the company** you received the equipment from. You will receive instructions to ship your equipment.
- 3. **Pack your equipment** in its original box. Include a written description of what is wrong with the equipment and address the box to the company.

If your equipment is no longer under warranty and the diagnostic test proves there is no problem with your equipment, or the defect is the result of abuse or misuse, you are responsible for the repair costs.

## **BEFORE YOU SUBMIT!**

- □ Did you fill out the application completely? All questions must be answered and all blanks filled in. Contact the office if you have questions.
- □ Do you have a Power of Attorney (POA) (someone who legally does your business for you)? If YES, then KCDHH must have a copy of the official POA document.
- □ Are you currently an ACTIVE Vocational Rehabilitation client? If YES, KCDHH must have a letter/email from your counselor stating why they cannot provide you with the equipment you requested.
- □ Did you select the all the equipment you want to receive (phone and signaler)? Choose carefully as the device(s) cannot be exchanged. You can only receive equipment once every four years. Be sure to include all required documents in your application packet.
- □ If you selected a wireless device, did you sign the agreement to return with your application? Please be sure this agreement is included.
- □ Did you enclose a copy of a recent telephone bill, if needed? Copy the page that shows the name, address, and telephone number. If you bundle your services we must have a copy of the bill from your internet/cable provider.
- □ Did you provide identification that shows your name and address as listed on the application? We must have proof of residency in Kentucky.

#### Kentucky Commission on the Deaf and Hard of Hearing

632 Versailles Rd. Frankfort, KY 40601 502-573-2604 (V/TTY) 800-372-2907 (V/T) 502-416-0607 (VP) KCDHH@ky.gov www.kcdhh.ky.gov An agency of the Education and Labor Cabinet