

# COMMONWEALTH OF PENNSYLVANIA'S TELECOMMUNICATION DEVICE DISTRIBUTION PROGRAM

The Telecommunication Device Distribution Program (TDDP) established by Act 34-1995 and amended by Act 181-2002 provides telecommunication devices to qualified applicants. These devices enable eligible individuals with disabilities to access telephone services independently. To be eligible, individuals must complete this application and meet all criteria listed below.

## Criteria

### ■ Person with a disability

A person with a disability or disabilities that prevents him/her from making or receiving telephone calls independently. Disability must be certified on the application by a qualified professional.

### ■ Income limits

Applicant's gross income of 200% or less of federal poverty guidelines (not including family/household income).

### FINANCIAL ELIGIBILITY CRITERIA GUIDELINES (as of January 31, 2017)

size of family unit	GROSS INCOME (200% of federal poverty guidelines)
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

### ■ Age

Six (6) years or older.

### ■ Residence

A resident of Pennsylvania.

### ■ Resources

Must have existing landline telephone service and be able to learn how to use the requested device(s).

### ■ Information will be kept confidential

Except as required by law.

### ■ Equipment ownership and responsibility

Your equipment selection is FINAL and equipment cannot be exchanged. Equipment will be delivered to your home. It then becomes YOUR PROPERTY and YOUR RESPONSIBILITY.

**NOTE: There is a Limited Manufacturer Defect Warranty on all equipment obtained through this program. If your equipment is defective or if it stops working, it will be your responsibility to contact the equipment vendor for warranty repair. Repairs for damages due to abuse or neglect are not covered under any warranty and are YOUR RESPONSIBILITY. Stolen equipment can only be replaced upon receipt of a copy of the police report of the theft.**

### IMPORTANT


**Make a copy of your completed application for your records. Send completed ORIGINAL application (including Equipment Selection sheet and copies of required documentation) to TDDP at the address listed on the front of the application.**

**If you need help completing this application, or need it in an alternate format, please contact us.  
PHONE: 800-204-7428 VOICE / 866-268-0579 TTY / FAX: 215-204-6336 / EMAIL: tddp@temple.edu**




# TDDP Equipment Selection (as of Jan. 31, 2017)

You must submit your equipment selection with your application.

**CATEGORY A:** Select only **ONE** device below that best fits your needs

<input type="checkbox"/> Amplified Phone <b>Clarity Alto</b> 	<input type="checkbox"/> Amplified Phone <b>Clarity Alto Plus</b> (for severe hearing loss) 	<input type="checkbox"/> Amplified Phone <b>Serene Innovations HD-60J</b> 	<input type="checkbox"/> Amplified Phone <b>Clarity XLC2</b> (cordless) 
<input type="checkbox"/> Amplified Bluetooth Phone with digital answering machine <b>Clarity BT914</b> (cordless) 	<input type="checkbox"/> Amplified Photo Phone <b>Serene Innovations HD-40P</b> 	<input type="checkbox"/> Amplified Phone with answering machine (cordless) <b>Serene Innovations CL-60A</b> 	<input type="checkbox"/> Amplified Talking Phone <b>Ameriphone Dialogue JV35</b> 
<input type="checkbox"/> Captioned Phone <b>CapTel 840</b> (NOT compatible with digital phone lines) 	<input type="checkbox"/> Captioned Phone <b>CapTel 840i</b> (high speed internet needed) 	<input type="checkbox"/> Captioned Telephone with touch screen display <b>CapTel 2400i</b> (high speed internet needed) 	<input type="checkbox"/> Captioned Phone with large display <b>CapTel 880i</b> (high speed internet needed) 
<input type="checkbox"/> Remote Control Hands-free Speakerphone <b>Serene Innovations RCx1000</b> Optional: (pick one) <input type="checkbox"/> Lapel Microphone <input type="checkbox"/> Headset with Microphone *switch available by recommendation 	<input type="checkbox"/> Talking Phone with large display <b>Geomarc BDP400</b> 	<input type="checkbox"/> In-line Handset Amplifier <b>Ameriphone</b> 	<input type="checkbox"/> Voice Activated Dialer <b>AblePhone 5000</b> 
<input type="checkbox"/> Big Button Speakerphone <b>Reizen</b> 	<input type="checkbox"/> TTY <b>Superprint 4425</b> 	<input type="checkbox"/> TTY/HCOVCO Phone <b>Uniphone 1140</b> 	

**CATEGORY B:** Select only **ONE** signaler below.

<input type="checkbox"/> Loud Ring Signaler <b>ClearSounds CR200</b> 	<input type="checkbox"/> Flashing Light Signaler <b>Sonic Alert</b> 	<input type="checkbox"/> Vibrating Signaler <b>OmniPage Kit</b> (receiver shown) 	<input type="checkbox"/> NONE (No signaling device from CATEGORY B is needed.)
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For detailed information about these products, go to [www.disabilities.temple.edu/tddp](http://www.disabilities.temple.edu/tddp)  
If none of the listed equipment will meet your needs, please contact the TDDP:  
PHONE: 800-204-7428 VOICE / 866-268-0579 TTY / EMAIL: [tddp@temple.edu](mailto:tddp@temple.edu)