

# NEW CLIENT APPLICATION

## (Renewal Clients, Call ITAC)



Illinois Telecommunications Access Corporation  
**800-841-6167 V/TTY**  
**www.itactty.org**

A FREE program REQUIRED and GOVERNED by Illinois Law

### BASIC REQUIREMENTS:

- Legal Resident of Illinois
- Standard, Cellular, most Cable or VoIP phone service
- Application signed by Doctor or other certifier as listed

### You Need To Do These Four Things:

**1. Complete Application:**

Client completes page 1.  
 Have Page 2 completed and signed by your Doctor/Certifier.

**2. A Copy of your recent Phone Bill/s;**

Both Landline *and* Cellular if you are applying for both types of equipment.  
 (The pages that show your name, address, phone number, all taxes & other fees)

**3. Proof of Residency:**

Copy of your Driver's License, State ID, or piece of mail.  
 (showing same address as on the application)

**4. Send this Original, Completed Application to:**

**ITAC**  
**3001 Montvale Drive, Ste A**  
**Springfield, IL 62704**

**\*NOTE: Include Pre-Selection Form if you have already tested the phones.**

Full Name (Mr., Mrs., Ms.) (Please print)		Date of Birth (Month/Day/Year)	
Last 4 Numbers of Social Security Number (Required) X X X - X X -	Area Code & Phone Number		
	Landline	Cellular	
Street Address	Apt. #	City, State, Zip Code	
E-Mail Address of Applicant or Contact Person	Name of Local Telephone Company		
	Landline	Cellular	

**Disability:**

- Deaf
- Hard of Hearing
- Late-Deafened
- Speech Disabled
- Deaf-Blind

**Equipment Applied For:**

- Cell Phone Amplifier
- Amplified Phone
- Captioned Phone
- TTY
- Braille Phone (Loan Program)

**Method of Communication:**

- Sign Language
- Lip Reading
- Spanish Available at Some Locations
- Normal Speech Skills

- You will test the Equipment to determine which best meets your needs.
- Have you already tested the phones? \_\_\_\_\_ Where? \_\_\_\_\_
- Do you or a member of your household currently have a phone from ITAC? \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

## Have Your Doctor or Audiologist Fill in and Sign This Side

Applicant must be deaf, hard of hearing, speech disabled or deaf-blind to the extent that they are unable to use a standard phone.

**Equipment choice is not binding. Final choice will be determined by client's testing of equipment.**

*The goal of this program is to match the client with the piece of equipment that works best for them.*

**People Who Can Sign the Application Are:**

- Your Doctor/Nurse Practitioner
- Audiologist
- Licensed Hearing-Aid Dispenser
- DHS Counselors for the Deaf
- Speech-Language Pathologist

**Disability Being Certified:**

- Deaf
- Hard of Hearing
- Late-Deafened
- Speech Disabled
- Deaf-Blind
- Speech Disabled, Blind\*

\* Does applicant read Braille?  
 Yes    No   At what level? \_\_\_\_\_

**State of Disability Is:**

- Temporary
- Intermittent
- Permanent

**Equipment Applied For:**

**Cell Phone Amplifier**

Serves people who are Hard of Hearing with cellular phone service.

**Amplified Phone**

Choice of amplified phones to meet various levels of hearing loss.

**Captioned Phone**

Serves people who are Deaf or Late Deafened who **MUST** have excellent speech skills. Calls are made using a captioning relay service.

**TTY**

Serves people who are Deaf and/or Speech Disabled. Calls can be made from TTY to TTY or by using a relay service. Choice of three (3) print sizes meets most low vision needs.

**Braille Phone**

Serves People who are Deaf Blind and/or Speech Disabled Blind. **MUST** read Braille. Evaluator will meet with client to determine eligibility.

Name of Physician, Audiologist or DHS Counselor (Please Print)	
Title	State License Number
Address	
City, State, Zip	Area Code & Telephone Number
Name of Applicant	Last 4 Numbers of Applicant's Social Security Number

*I affirm that the person named on this application meets the certification requirements of being Deaf, hard-of-hearing, speech disabled or deaf-blind as stated above to the extent that they are unable to use the standard telephone.*

**Signature:** \_\_\_\_\_

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





## Illinois Telecommunications Access Corporation

3001 Montvale Drive • Suite D • Springfield, Illinois 62704  
800-841-6167 V/TTY • 217-698-4170 V/TTY  
217-698-0942 FAX • [www.itactty.org](http://www.itactty.org)

### ***Thanks for Asking about ITAC!***

ITAC has been distributing **FREE** telephone equipment since 1988. We are a not-for-profit serving Illinois residents who are Deaf, Hard of Hearing, Speech Disabled or Deaf-Blind. ITAC represents the Telephone Companies in Illinois who are required by law to provide this program. We are funded by a small surcharge on most telephone lines in Illinois. As of July 1, 2016, that charge is 2 cents per month. All our equipment is **FREE**. You must be an Illinois resident and have active phone service to qualify.

### ***How it Works***

#### ***Fill out the Application Form Completely.***

Make sure it is filled out entirely on both sides for the quickest service. You may apply for both a landline and cellular piece of equipment. Include copies of both bills.

***Have it signed by your Doctor, Audiologist*** or an authorized person as listed on page 2 of the Application.

***Send your Application to ITAC***, 3001 Montvale Drive, Ste. A, Springfield, IL 62704

***We will Verify your Application and Send You a Voucher*** to test the phones at one of our 40 Selection Centers around the state. ([www.itactty.org](http://www.itactty.org))

***You will try the Phones and Choose*** the phone/s you want. Your phone/s will be ***shipped directly to you*** within 2 weeks.

***You will own the Phone*** and there is a ***3 year warranty***. You are responsible only for the return shipping for repair. You may get another piece of equipment ***every 3 years*** if you are still eligible.

### ***What Equipment is Available?***

We have Amplified Phones, a Handset that amplifies a cell phone, Captioned Phones, a Braille Phone and a TTY.

***We do not issue cell phones.*** Check out the equipment at [www.itactty.org](http://www.itactty.org).

***If you need help*** filling out the Application, call us at 1-800-841-6167.