

MassEDP Application

Questions?

Call: 800.300.5658 (V/TTY)

8:30am – 5:00pm, Monday – Friday

Web: www.mass.gov/massedp**Please read carefully, print, and fill out completely – PART 1**

1 Applicant's Name (First, Middle, Last): _____

2 Home Address: _____ Apt: _____

3 City: _____ State: MA Zip Code: _____

4 Home Telephone Number: _____

5 Attach copy of page 1 of your Landline or Wireless Telephone Bill

6 Email: _____ Contact Method: Phone Email

7 Daytime Telephone Number: _____

8 Person authorized to act on your behalf (optional): _____

Telephone Number: _____ Email: _____

Preferred Contact Method: Phone Email

I certify under the pain and penalty of perjury that all statements made by me are true and correct to the best of my knowledge and give permission to the agency listed below to release information on this form for the purposes of certifying my need for specialized telephone equipment. I further request, permit, and fully authorize the Department to release my name, address and other personally identifying information to a third party provider in order to facilitate the use of this device. I release the State 911 Department from any liability in regard to this release of information.

Applicant's Signature _____ **Date** _____*Note: If the applicant is a minor, then a parent or legal guardian must sign.***For Commission Use Only****MCDHH** Deaf Vision Motion
 Hard of Hearing Speech Cognitive_____
Signature_____
Date**MCB** Legally Blind Deaf Blind_____
Signature_____
Date

Income Qualifications – PART 1

- 9** Is the applicant's gross annual household income \$50,000 or more, OR
 Does the applicant qualify as a dependent for federal income tax purposes? **YES** **NO**
- If **NO** – continue to next page (part 2).
 If **YES**, please fill out the **Financial Guidelines Worksheet**.

Financial Guidelines Worksheet – Fill in the following information:

- 1** Enter the total number of household dependents for federal income tax purposes (include the applicant or the guardian, if appropriate).
- 2** Multiply the total number of dependents by \$15,000.
- 3** **No action needed.**
- 4** Enter the total from **2** and **3**

If the answer to Question 9 was “**YES**”,
 the applicant may still qualify for free equipment.

Total household dependents:	1	
X \$15,000	2	
+\$50,000	3	\$50,000
TOTAL:	4	

Does the gross annual household income of either the applicant or the guardian, whether a dependent or not, exceed the total? **YES** **NO**

If the answer is “**NO**,” the equipment will be provided at no charge.

If the answer is “**YES**,” the applicant or the guardian is required to pay a portion of the cost of the equipment received under the program.

The one-time cost may be spread over a 12 month period.

This portion of the application must be filled out by a Massachusetts Licensed Medical Professional. – PART 2

- 1. Name (First, Middle, Last): _____
- 2. I am a Massachusetts Licensed: Physician Audiologist Ophthalmologists/Optometrists
 Other Licensed Medical Professional: _____
- 3. MA License Number: _____
- 4. Address: _____
- 5. City: _____ State: MA Zip Code: _____
- 6. Telephone Number: _____
- 7. Email: _____

I hereby certify that applicant:

- 1 Applicant's Name (First, Middle, Last): _____
- 2 Street Address: _____ Apt: _____
- 3 City: _____ State: MA Zip Code: _____

has a permanent disability that requires the use of assistive equipment to effectively use the telephone.

Please check all applicable disabilities.

- | | | | |
|---------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Legally Blind | <input type="checkbox"/> DeafBlind |
| <input type="checkbox"/> Motion | <input type="checkbox"/> Vision | <input type="checkbox"/> Speech | <input type="checkbox"/> Cognitive |

Medical Professional's Signature: _____ **Date:** _____

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The following is a sampling of the type of equipment available based on your disability.

Products for people who are Deaf or Hard of Hearing

Amplified Telephone	Telephone with handset that increases the volume of incoming voice.
Telephone Signaler	Device that provides either an audible tone or flashing light to indicate the telephone is ringing.
Text Telephone/TTY	Telephone that types messages over the telephone network to another TTY.
iPhone	Wireless device with pre-installed Video Relay Service and IP Captioned Telephone Service apps for telecommunications and built-in features for Deaf or Hard of Hearing accessibility.

Products for people who have a Speech Disability

Text Telephone/TTY	Telephone that types messages over the telephone network to another TTY.
Speech Amplifier	Telephone or device that increases the volume of the outgoing voice.
Electronic Larynx	Handheld portable speaking aid for people who have lost their use of their larynx.
iPhone	Wireless device with pre-installed Alternative Augmentative Communication (AAC) app and Text to Speech apps for telecommunications, and built-in features for Speech Accessibility.

Products for people who are Blind or Low Vision

Number Announcer	Telephone that repeats the digits audibly as a number is pressed on the telephone.
Large Number Telephone	Telephone with large numbers and memory dialing.
iPhone	Wireless device with pre-installed apps for Blind and Low Vision accessibility, and built-in accessibility features for Blind or Low Vision such as Voice-Over and Zoom.

Products for people who are Deaf and Blind

Braille TTY	Text Telephone (TTY) with keyboard and Braille display.
iPhone	Wireless device with pre-installed Video Relay Service and IP Captioned Telephone Service apps and built-in accessibility features for DeafBlind such as Voice-Over and Zoom.

Products for people with a Motion Disability

Hands Free Telephone	Telephone with built in speaker that can be used with a headset or special switches.
Cordless Telephone	Cordless Telephone that can be used with a headset.
iPhone	Wireless device with pre-installed apps and built-in features for Mobility accessibility.

Products for people with a Cognitive Disability

Memory Telephone	Telephone with photos and memory dialing.
Number Announcer	Telephone that repeats digits audibly as a number of pressed on the telephone.
Text Telephone/TTY	Telephone that types messages over the telephone network to another TTY.
iPhone	Wireless device with pre-installed apps and built-in features for Cognitive accessibility.

A MassEDP Representative will contact you to schedule an appointment to select your equipment once your application is approved.

Eligibility Requirements:

- 1 You must be a resident of Massachusetts and have access to landline or wireless telephone service.
- 2 You must provide proof of your landline or wireless service plan.
- 3 You must have your disability certified by one of the commissions listed below (based on type of disability).

After **Part 1** and **Part 2** are complete, this application must be sent to the appropriate Massachusetts Commission, who will certify your disability.

**Mail to: 151 Campanelli Dr suite A,
Middleborough, MA 02346**