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

1. Applicant's Name (First, Middle, Last): _____
2. Home Address: _____ Apt: _____
3. City: _____ State: MA Zip Code: _____
4. Home Telephone Number you use: _____
5. Attach copy of page 1 of your Home Telephone Bill
6. Email: _____ Contact Method: Phone ☐ Email ☐
7. Daytime Telephone Number: _____
8. Person authorized to act on your behalf (optional): _____

   Telephone Number: _____ Daytime Telephone Number: _____

   Email: _____ Contact Method: Phone ☐ Email ☐

Income Qualifications

9. Is the applicant's 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 part 2.

   If **YES**, please fill out the **Financial Guidelines Worksheet** on page 2.

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.

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

Financial Guidelines

If the answer to **Question 9** on the previous page 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	

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

Does the 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.

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This portion of the application must be filled out by a Massachusetts licensed Medical Professional.

1. MD. Name (First, Middle, Last):_____
2. MA License Number:_____
3. Address:_____
4. City: _____ State: MA Zip Code:_____
5. Telephone Number: _____

I am a Massachusetts licensed:

☐ Physician ☐ Audiologist ☐ Speech pathologist

☐ Ophthalmologists/Optometrist ☐ Neuropsychologist

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.

☐ Deaf ☐ Hard of Hearing ☐ Legally Blind ☐ Deaf Blind

☐ Motion ☐ Vision ☐ Speech ☐ Cognitive

MD's Signature:_____ **Date:** _____

Specialized Telephone Equipment

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.

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 the use of their larynx.

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.

Products for people who are Deaf and Blind

Braille TTY	Text Telephone (TTY) with keyboard and Braille display.

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.

Products for people with a Cognitive Disability

Memory Telephone	Telephone with photos and memory dialing.
Number Announcer	Telephone that repeats the digits audibly as a number is pressed on the telephone.
Text Telephone/TTY	Telephone that types messages over the telephone network to another TTY.

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 residential telephone service.
2. You must provide proof of your residential service.
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.

If your Primary Disability is:	Then Mail to:
Deaf, Hard of Hearing, Motion, Vision, Speech, or Cognitive	**Massachusetts Commission for the Deaf and Hard of Hearing** Case Management Department 600 Washington Street Boston, MA 02111
Legally Blind or Deaf/Blind	**Massachusetts Commission for the Blind** Registration Department 600 Washington Street Boston, MA 02111