

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 Applicant's Date of Birth: _____
- 3 Home Address: _____ Apt: _____
- 4 City: _____ State: **MA** Zip Code: _____
- 5 Home Telephone Number: _____

Attach a copy of page 1 of your landline or cellular telephone bill.

- 6 Email: _____
- 7 Daytime Telephone Number: _____ Contact Method: Phone Email
- 8 Person authorized to act on your behalf (optional): _____
Email: _____
Daytime Telephone Number: _____ 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 Internal Use Only

MassEDP

- 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/Optomtrist
 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 Applicant's Date of Birth: _____
- 3 Home Address: _____ Apt: _____
- 4 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"/> Deaf Blind |
| <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 sample 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 | Cellular 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 | Cellular 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 | Cellular 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 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 | Cellular 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 is pressed on the telephone. |
| Text Telephone/TTY | Telephone that types messages over the telephone network to another TTY. |
| iPhone | Cellular device with pre-installed apps and built-in features for Cognitive accessibility. |

Eligibility Requirements:

- 1 You must be a resident of Massachusetts and have access to landline or cellular telephone service.
- 2 You must provide proof of your landline or cellular service plan.

After **Part 1** and **Part 2** are complete, this application must be sent to the Massachusetts Equipment Distribution Program at the address listed below, who will certify your disability.

Mail to:
MassEDP
151 Campanelli Dr. Suite A,
Middleborough, MA 02346

Upon approval of your application, a MassEDP Representative will contact you to schedule an appointment to select your equipment.