

**MassEDP Application**

Questions?

Call: 800.300.5658 (V/TTY)

8:30am – 5:00pm, Monday – Friday

Web: [www.mass.gov/massedp](http://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.

<b>Total household dependents:</b>	1	
<b>X \$15,000</b>	2	
<b>+\$50,000</b>	3	<b>\$50,000</b>
<b>TOTAL:</b>	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:** \_\_\_\_\_

**Questions?**  
Call: 800.300.5658 (V/TTY)  
8:30am – 5:00pm, Monday – Friday  
Web: [www.mass.gov/massedp](http://www.mass.gov/massedp)

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**

<b>Amplified Telephone</b>	Telephone with handset that increases the volume of incoming voice.
<b>Telephone Signaler</b>	Device that provides either an audible tone or flashing light to indicate the telephone is ringing.
<b>Text Telephone/TTY</b>	Telephone that types messages over the telephone network to another TTY.
<b>iPhone</b>	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**

<b>Text Telephone/TTY</b>	Telephone that types messages over the telephone network to another TTY.
<b>Speech Amplifier</b>	Telephone or device that increases the volume of the outgoing voice.
<b>Electronic Larynx</b>	Handheld portable speaking aid for people who have lost their use of their larynx.
<b>iPhone</b>	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**

<b>Number Announcer</b>	Telephone that repeats the digits audibly as a number is pressed on the telephone.
<b>Large Number Telephone</b>	Telephone with large numbers and memory dialing.
<b>iPhone</b>	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**

<b>Braille TTY</b>	Text Telephone (TTY) with keyboard and Braille display.
<b>iPhone</b>	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**

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

**Products for people with a Cognitive Disability**

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

**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