

## MassEDP Application

Questions?

Call: 800.300.5658 (V/TTY)

8:30am – 5:00pm, Monday – Friday

Email: [JoinIn@massedp.com](mailto:JoinIn@massedp.com)

Web: MassEDP.com

## 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. 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 \_\_\_\_\_

## 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 8** on the previous page was “**YES**”, the applicant may still qualify for free equipment.

**Total household dependents:**

**X \$15,000**

**+ \$50,000**

**TOTAL:**

1

2

3

4

**\$50,000**

## 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.*

**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 Questions?

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Web: MassEDP.com

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: \_\_\_\_\_

☐ Motion ☐ Speech ☐ Cognitive

**MD's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.

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  
Vision

☐

Legally Blind

☐

Deaf Blind

**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 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.

## Congratulations!

You have decided to join in the Massachusetts Equipment Distribution Program (MassEDP) and will soon enjoy real freedom every time you make a call.

### 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.

### 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.
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<b>Cordless Telephone</b>	Cordless telephone that can be used with a headset.
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- 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 Massachusetts Equipment Distribution Program, who will certify your disability.

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

**Important information about Special Telephone Equipment for people with disabilities. Please have it translated.**

**Información importante sobre Equipos Telefónicos Especiales para personas con incapacidades. Sírvaselo mandarlo traducir.**

**Informação importante sobre um Equipamento Telefônico Especial para pessoas incapacitadas. Favor traduzí-la.**

**Tin tức quan trọng về Máy Điện Thoại Đặc Biệt dành cho những người bị tàn tật. Xin vui lòng phiên dịch tin tức này.**

**Information importante relative à du matériel téléphonique spécialement conçu pour handicapés. Veuillez la faire traduire.**

**含有關殘疾人使用特殊電話設備的重要資訊。請將之譯成中文。**

**ព័ត៌មានសំខាន់អំពីឧបករណ៍ទូរស័ព្ទពិសេសសំរាប់ជនដែលមាន ភាពពិការ ។ សូមបកប្រែព័ត៌មាននេះ ។**

**Mail to: 151 Campanelli Drive Suite A,  
Middleborough, MA 02346**