



A. APPLICANT

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____ Check One: Home Cell VP

Address _____ Apt. No. _____ Email Address _____

City/State _____ Zip Code/County _____ Marital Status: Single Married Widowed

Age Group (Check One): (5-17) (18-54) (55 and up) Number of Dependents (If Applicable): _____

B. RELEASE OF INFORMATION

I hereby request and authorize the following contact to provide/obtain information on my behalf to/from GATEDDP.

Contact Name: _____ Contact Number: _____ Relationship: _____

Contact Name: _____ Contact Number: _____ Relationship: _____

All information I hereby authorize to be provided/obtained to/by the above will be held strictly confidential.

 Applicant Signature Date

C. CERTIFICATE OF NEED (TO BE COMPLETED BY A PROFESSIONAL)

I am a/an: (Check all that apply)

Audiologist Hearing Aid Specialist Disability Service Center Director Senior Center Director Nurse Practitioner Social Worker
 Doctor/Physician Physician's Assistant Vocational Rehabilitation Counselor Certified Therapist State Certified Teacher of the Deaf

Last Name _____ First Name _____ Email Address _____
 Address _____ Telephone Number _____
 City _____ State/Zip Code _____ Fax Number _____

Check the disability being verified:

Deaf Late-Deafened Low Vision/Blind with Hearing Loss
 Deaf with Low Vision Deaf and Blind Hard of Hearing

I assert to my qualification that I am authorized to verify the individual mentioned above has a hearing loss that prevents or limits their ability to use a standard telephone.

 Professional's Signature

TEDP CHECKLIST

(THE FOLLOWING ITEMS MUST BE SUBMITTED ALONG WITH THE APPLICATION)

- APPLICATION AND CERTIFICATE OF NEED:** Parts A, B, and C of the form found above.
- PROOF OF INCOME:** Applicants must show proof that their annual income does not exceed 200% of the federal poverty level. If married, both incomes are required. Sources of proof can include, but are not limited to, a governmental benefit check stub or letter, pay stub, or W-2 form. Proof of income must be from within the last calendar year at the time of applying.
- PROOF OF PHONE OR INTERNET SERVICE:** Any applicant wishing to obtain **wireless equipment** must show proof of a **cell phone or internet bill**. The applicant's most recent bill will be sufficient documentation.
 Any applicant wishing to obtain **landline phone equipment** must show proof that they have **residential phone service**. The applicant's most recent phone bill will be sufficient documentation.
- PROOF OF GEORGIA RESIDENCY:** Applicants must be a resident of Georgia. Applicant's driver's license, state ID, rental agreement, any utility bill, or a piece of mail from a government agency may be used to determine this requirement.

APPLICANT MAY SUBMIT FORM AND REQUIRED DOCUMENTS VIA:

Mail: 2296 Henderson Mill Rd NE #115 Atlanta, GA 30345
Fax: 404-297-9465 **Phone:** 888-297-9461
Email: info@gcdhh.org

WHAT IS GATEDDP?:

The Georgia Telecommunications Equipment Distribution Program (GATEDDP) is a program enacted by the Georgia Legislature that provides specialized telecommunication equipment to Georgia residents with hearing and/or speech impairments that prevent them from using ordinary telecommunication equipment. The equipment remains the property of the State of Georgia and is loaned to recipients. This program offers equipment, training, and warranty repair services to eligible applicants free of charge. One must apply for the program by completing an application form and providing the required documents to determine eligibility. These documents include proof of income, proof of Georgia residency, phone or internet service, and certification of need. Funding for the program is provided through a surcharge on phone and internet subscriber bills. The Georgia Public Service Commission (PSC) contracts with the Georgia Center of the Deaf and Hard of Hearing (GCDHH) to be the distribution agency for GATEDDP. GCDHH, established in 1989, is a statewide nonprofit service center that provides an array of services throughout Georgia to the Deaf and Hard of Hearing community.