

# APPLICATION

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# TEDP

## Georgia Telecommunications Equipment Distribution Program

*Providing communication access  
through technology.*



2296 Henderson Mill Rd #115  
Atlanta, GA 30345

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1-888-297-9461 ♦ VP: 404-381-8448

Fax: 404-297-9465 ♦ [info@gcdhh.org](mailto:info@gcdhh.org)

♦ [gcdhh.org/gatedp](http://gcdhh.org/gatedp) ♦



## A. APPLICANT

Full Name

Phone Number    Cell    Home    VP

Address

Apt. No.

City/State

Zip Code/County

Email Address

\_\_\_\_\_  
/    /  
Birthdate

Age Group     3 - 17     18 - 54     55+

Number in Household

Marital Status     Married     Single/Widowed

## B. RELEASE OF INFORMATION

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

Contact Name

Contact Number

Relationship

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

**X**

Applicant Signature

Date

I understand and agree with the terms and conditions outlined in the Acceptance Agreement.\*

**X**

Applicant Signature

Date

\*Ask your Outreach Specialist or our office staff for a copy of the Acceptance Agreement.



## C. CERTIFICATE OF NEED (to be completed by a professional)

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

- Audiologist / ENT / Hearing Aid Specialist
- Social Worker / Case Manager
- Agency Director
- Certified Therapist / SLP
- Doctor / Physician / Nurse Practitioner
- Vocational Rehabilitation Counselor
- State Certified Teacher of the Deaf

\_\_\_\_\_

Full Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Email Address

\_\_\_\_\_

Fax Number

Check the disability being verified:

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

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.

**X**

\_\_\_\_\_

Professional's Signature

\_\_\_\_\_

Date

# LIST OF EQUIPMENT

The following is a list of equipment that we provide through GATEDP. You may select one telephone or wireless device and/or one alerting device. For pictures and more information, please ask your Outreach Specialist or contact our office directly.

## Captioned Telephones

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CapTel 840+

## Alerting Devices

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Serene CentralAlert CA-360QK

Home Aware HA360

## Amplified Telephones

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Clarity XLC 3.4 (no voicemail)

Clarity XLC 8 (voicemail)

Clarity Alto

## Wireless Devices

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BeHear SMARTO

Clarity XLCgo

## Devices with Video Relay Service Capabilities (one per applicant)

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iPhone (VRS Users Only) ages 10+

iPad (VRS Users Only) ages 3+

## Other (to be filled out by Outreach Specialist)

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## Speech Equipment

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For more information on speech equipment, please contact our office and/or visit our website: [gcdhh.org/gatedp](http://gcdhh.org/gatedp).

# GCDHH'S MISSION

To serve individuals who are Deaf, DeafBlind, Late-Deafened, Hard of Hearing, people with hearing loss, and others with respect to all communication modes; by providing support services, advocacy, and education, which foster self-determination, empowerment, and independence.

# GATEDP'S MISSION

To provide specialized equipment to Georgia residents who cannot use a standard telephone because of communication barriers associated with hearing and/or speech.

# PSC'S MISSION

To ensure that consumers receive the best possible value in their telecommunications, electric, and natural gas services; and to improve natural gas pipeline safety and protect utility infrastructure from damage.

# CHECKLIST

## **Application and Certificate of Need**

*Parts A, B, and C of the application. (audiogram can also be used to satisfy part C)*

## **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. Parents/Legal Guardians: If the child has an income (paycheck stub or SSI), please send a copy. If the child has no income, a proof of income from the parents/legal guardians will be needed.*

*Sources of proof can include, but are not limited to, a government 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**

*For wireless equipment, GATEDP requires the applicants most recent cell phone or internet bill.*

*For landline phone equipment, GATEDP requires the applicant's most recent residential phone service bill.*

## **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 fulfill this requirement.*

# WHAT IS GATEDP?

The Georgia Telecommunications Equipment Distribution Program (GATEDP) is a program enacted by the Georgia Legislature that provides specialized equipment to Georgia residents who cannot use a standard telephone because of communication barriers associated with hearing and/or speech.

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. 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 GATEDP. 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.