

# SPEECH APPLICATION



# TEDP

## Georgia Telecommunications Equipment Distribution Program

*Providing communication access  
through technology.*



GEORGIA CENTER OF THE DEAF  
AND HARD OF HEARING

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

## SPEECH APPLICANT INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt. No.

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip/County

Is the shipping address different than the home address?  Yes  No

If so, what is the shipping address?

\_\_\_\_\_  
Shipping Address

\_\_\_\_\_  
Apt. No.

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip/County

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

Home  Cell  VP

Age Group  3-17  18-54  55+

Marital Status  Married  Single/Widowed

\_\_\_\_\_  
Number of Dependents

## 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

I am interested in obtaining more information about programs that could benefit me as a low-income individual. I request and authorize GCDHH to use the information provided above to screen for other programs I would qualify for.

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

**X** \_\_\_\_\_

Applicant Signature

\_\_\_\_\_  
Date

## CERTIFICATE OF NEED (FOR USE BY SLP ONLY)

Please complete the following evaluation based on your knowledge of the client's need.

### **Communication Impairment:**

Please indicate the client's type of speech impairment.

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Please describe the client's impairment severity. (How the individual presents.)

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What speech device is your client currently applying for?

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What is the current status of your client's speech impairment and the expected course of the speech impairment as it relates to an underlying disease/condition?

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### **Ability to Meet Communication Needs with Other Approaches:**

Has your client applied to receive a device funded by their insurance?  Yes  No

If so, what portion of the cost was the insurance company willing to pay?

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If the insurance company would not cover the cost of the entire device, can your client afford the co-pay?  Yes  No

Why is the patient unable to fulfill daily functional telecommunication needs without this particular device?

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### **Clinician Information**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Clinic Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

I assert to my qualification under penalty of perjury that my above answers are true and correct.

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 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.