

# APPLICATION

## A. APPLICANT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Telephone No. \_\_\_\_\_ Check one:  Home  Cell  VP

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ Email Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Martial Status:  Single  Married  Widowed

Age Group (Check One):  (5-17)  (18-54)  (55 and Up) # of dependents \_\_\_\_\_

## B. RELEASE OF INFORMATION

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

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.

X \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## CERTIFICATE OF NEED

(TO BE COMPLETED BY PROFESSIONAL)

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

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Hearing Aid Specialist	<input type="checkbox"/> Disability Service Center Director	<input type="checkbox"/> Senior Center Director
<input type="checkbox"/> Doctor/Physician	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Vocational Rehabilitation Counselor	
<input type="checkbox"/> Speech Language Pathologist	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> State Certified Teacher for the Hearing/Speech Impaired	

Last Name \_\_\_\_\_ First \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax No. \_\_\_\_\_

Check the disability being verified:

<input type="checkbox"/> Deaf	<input type="checkbox"/> Late-Deafened	<input type="checkbox"/> Low Vision/Blind with Hearing Loss
<input type="checkbox"/> Deaf with Low Vision	<input type="checkbox"/> Deaf and Blind	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Hard of Hearing		(SLP Professional must complete for speech equipment)

I assert to my qualification that I am authorized to verify the individual mentioned above has hearing or speech impairment that prevents or limits his/her ability to use a standard telephone.

X \_\_\_\_\_  
Professional's Signature \_\_\_\_\_

**Mail to: GATEDP-Intake Specialist**  
**4151 Memorial Drive, Suite 103-B, Decatur, GA 30032 or**  
**Fax to: 404-297-9465 Questions? Call us at 1-888-297-9461**

## APPLICATION PROCESS CHECKLIST

- |   |   |
|---|---|
| <input type="checkbox"/> Application/Certificate of Need    | <input type="checkbox"/> Proof of Income<br>(If married, both incomes required) |
| <input type="checkbox"/> Proof of Residential Phone Service | <input type="checkbox"/> Proof of Georgia Residency                             |

## ELIGIBILITY REQUIREMENTS:

The following four requirements must be met in order to be eligible to receive free specialized telecommunication equipment.

- APPLICATION/CERTIFICATE OF NEED**  
Applicants must have the application and certificate of need form signed by a qualified audiologist, speech pathologist, medical doctor, hearing aid specialist, disability service center director, vocational rehabilitation counselor, or state certified teacher for the hearing and/or speech impaired that states the nature of their impairment.
- 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 will include, but may not be limited to, and governmental benefit check stub or letter, pay stub, or W-2 form.
- PROOF OF RESIDENTIAL PHONE SERVICE**  
Applicants 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, rental agreement, any utility bill or a piece of mail from a government agency may be used to determine this requirement.

## WHAT IS GATEDP?

The Georgia Telecommunications Equipment Distribution Program (GATEDP) 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 source of income, Georgia residency, phone service, and certification of need. Funding for the program is provided through a surcharge on residential land-based telephone subscriber bills. Georgia Public Service Commission (PSC) contracts with the Georgia Council for the Hearing Impaired, Inc. (GACHI) to be the distribution agency for the GATEDP. GACHI, established 1989, is a statewide non profit service center that provides an array of services throughout Georgia to the deaf and hard of hearing community.