



Oklahoma Department of Rehabilitation Services

Oklahoma School for the Deaf

www.okdrs.gov

The Oklahoma Equipment Distribution Program

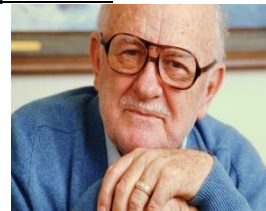
If hearing or speech problems make it difficult for you to access the telephone, the Oklahoma Equipment Distribution Program may be able to assist you. The Oklahoma Equipment Distribution Program strives to make communication accessible to Oklahomans of all ages through various programs. Qualifying individuals may receive services and equipment at little or no cost.



Telecommunication Device for the Deaf (TDD/TTY)



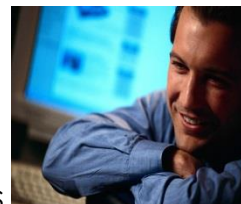
Amplified Telephones



Senior Citizens Hearing Aid Program



Children's Hearing Aid Program



Specialized Communication Devices



Oklahoma Department of Rehabilitation Services

Oklahoma School for the Deaf

www.okdrs.gov

Senior Citizens Hearing Aid Program

The Senior Citizens Hearing Aid Program (SCHAP) is administered by the Department of Rehabilitation Services. To qualify for the program you must meet four criteria.

1. Be at least 60 years of age.
2. Be a resident of the State of Oklahoma
3. Be on a limited income (see guidelines)
4. Have a 35db hearing loss in your better ear (one of our audiologists will administer a hearing test and determine your degree of hearing loss).

To apply for the program you must complete an application and send verification of your total income to our office. We are required to have a physical record of your total income in our files. If you currently file income tax with the I.R.S., we need a copy of your return along with verification of any Social Security income. If you do not file with the I.R.S., we need alternative documentation of your income. This must include a copy of a recent bank statement. The SCHAP program has very limited funding, and ends every year with a waiting list of consumers we were unable to serve. Being firm about seeing documentation of income helps us feel confident that we are meeting our responsibility of serving low-income senior citizens. We will not be able to authorize your hearing test until we have all the required documentation.

Income Guidelines

# in family	Monthly income guideline
1	\$2,614
2	\$3,520
3	\$4,426
4	\$5,332
5	\$6,238

If your income is above the guideline, a co-payment will be charged. The co-payment will equal ten percent of the difference between your monthly income, and the monthly income guideline.

We also need to know which audiologist you would like to use. You must select an office from our list of participating audiologists. We will send you a list of participating audiologists with your application form. You can indicate your selection on the slip at the end of the list.

Once we have received all the necessary paperwork, we will fax an authorization to the audiologist you selected. We will mail you a letter with instructions to make an appointment for a hearing test. If your hearing loss qualifies you for a hearing aid, the audiologist will take an ear mold impression, and order a hearing aid for you. You will then make another appointment to have the aid fitted. We are unfortunately only able to pay for one hearing aid. You can discuss the cost of purchasing a second aid with the audiologist if you choose. The kind of aid you receive (in the ear or behind the ear) will be decided based on the results of the hearing test, and discussion between you and the audiologist.

October 1, 2017

OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES
APPLICATION FOR THE TELECOMMUNICATION EQUIPMENT DISTRIBUTION PROGRAM
1-866-309-1717 V/TTY or Video Phone 1-405-294-3977
Fax 1-580-622-5850

First Name:	Middle Initial:	Last Name:
Social Security No:	D.O.B.	Street Address, city, state and zip:
County:	Email:	Mailing Address, city, state and zip:
Your Name:	Phone with area code	Type: (Video Phone, Text, TTY or Voice)
2 nd Contact Name:	2 nd Contact phone with area code	2 nd Type: (Video Phone, Text, TTY or Voice)

FAILURE TO PROVIDE VERIFICATION WILL DELAY APPLICATION PROCESS:

Documentation needed for eligibility determination:

Disability (please check one below)

Verification document needed:

Deafness –or- Hard of Hearing If applying for a **HEARING AID** please send proof of household income and choice of audiologist from the program’s list.

..... If applying for **EQUIPMENT** please send proof of household income and proof of hearing loss (audiogram, driver’s license, letter from social worker, doctor, etc)

Deaf\Blind..... Proof of vision loss (legal blindness)
You must also send proof of household income and proof of hearing loss.

Communicative Disorder..... Proof of communicative disorder
You must also send proof of household income.

PROOF OF INCOME: Number of people in home:_____ Total gross monthly income:_____

Copy of your latest pay-check stub, social security check or retirement pension check OR bank statement showing direct deposit of your SS \ SSDI plus any income in stocks, savings, CD’s etc. A copy of your most recent tax return can be accepted.

APPLICATION FOR THE TELECOMMUNICATION EQUIPMENT DISTRIBUTION PROGRAM

1-866-309-1717 V/TTY or Video Phone 1-405-294-3977

Fax 1-580-622-5850

Your Oklahoma Telecommunications Equipment Distribution Program offers the following choices:

Communication Access	Home Notification Systems	Other Items of interest
<p><u>Please Choose 1 item from this box.</u></p> <ul style="list-style-type: none"> <input type="radio"/> Corded Amplified Phone <input type="radio"/> Cordless Amplified Phone <input type="radio"/> Captel Phone with a standard analog telephone line(s) <input type="radio"/> Captel Phone with high-speed Internet access <input type="radio"/> TTY Unit (4425 or pro 80) <input type="radio"/> TTY with large display (for vision impaired) 	<p><u>Please choose type of equipment needed from this box.</u></p> <p>Packages normally consist of a clock, remote receiver, phone, V.P., and doorbell transmitter. Please choose one below. If you are unsure of the type you would prefer please call us.</p> <ul style="list-style-type: none"> <input type="radio"/> I prefer a system that has visual alerting capabilities. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="radio"/> I prefer a system that has visual and audio capabilities. <p style="text-align: center;">And</p> <ul style="list-style-type: none"> <input type="radio"/> If available, a pager or watch notification. 	<p><u>Please choose items in this box that you would be interested in.</u></p> <ul style="list-style-type: none"> <input type="radio"/> Wireless Doorbell with chime and strobe <input type="radio"/> Baby monitor transmitter <input type="radio"/> Stand-alone clock with bedshaker unit <input type="radio"/> Pocket-Talker unit <input type="radio"/> Weather radio <input type="radio"/> Bedshaker for weather radio <p style="text-align: center;">or</p> <ul style="list-style-type: none"> <input type="radio"/> Strobe light for weather radio
<ul style="list-style-type: none"> <input type="radio"/> I am applying for the Senior Citizens Hearing Aid Program. Audiologist choice: _____ <input type="radio"/> I am applying for the Children's Hearing Aid Program. <input type="radio"/> I am applying for special assistance with Communication Equipment. 		

I HEREBY CERTIFY that all the statements made by me in this application are true and correct to the best of my knowledge and belief. I agree to notify this agency if there is any change in any information I furnish. I understand that all such information will be kept confidential and will only be used as required for assistance, reports, and audits as needed.

Signature: _____

Date: _____