

Application for the Deaf-Blind Communicator (DBC)

The Office of the Deaf and Hard of Hearing (ODHH), Assistive Communication Technology (ACT) Program partners with the Telecommunication Equipment Distribution (TED) Program to provide specialized telecommunication devices to people who have hearing loss and vision loss. The ACT and TED Programs offer the Deaf-Blind Communicator (DBC), a telecommunication device that enables users to communicate independently, either by TTY or Face-to-Face (F-t-F) communication. If you are Deaf-Blind or Blind and losing your hearing, you may qualify for a DBC.

Contact ODHH to request an application in an alternative format.

Program Information

Eligibility

You must meet eligibility requirements to qualify for a DBC.

You qualify for the DBC if you are:

- Deaf
 - Hard of Hearing
 - Deaf-Blind; or
 - Speech Disabled
- and
- A Washington State resident;
and
 - Age four (4) or older.

Application Process

To request equipment, you must:

- Complete the Application for the Deaf-Blind Communicator (DBC) (page 2 - 5)
*We will send you a letter if your application is incomplete or denied.
An incomplete form may cause a delay in service.*
- Mail your application to the ODHH ACT/TED Program.

When your application is accepted, we will:

1. Send you a letter.
2. Add your name to the following month's distribution list.
3. Send a trainer to meet with you for Evaluation and Training.

Application for Telecommunication Equipment Deaf-Blind Communicator (DBC)

✉ **Mail your completed Application for the Deaf-Blind Communicator (DBC) to:**

1115 Washington St. SE
PO Box 45301
Olympia, WA 98504-5301

Video IP: 209.181.93.249

E-mail: odhh@dshs.wa.gov

Web: <http://odhh.dshs.wa.gov>

Contact information: (800) 422-7930 V/TTY
(360) 902-8000 V/TTY/VP
(360) 902-0855 FAX

I am filling out this application for:

- ☐ Myself
☐ Another person

If you are filling out the application for another person, you must enter that person's information on the application below.

Have you received equipment from the TED Program in the past?

- ☐ Yes
☐ No
☐ Don't know

Section 1. Client Information

1. Name (last, first, middle initial)

2. Gender

- ☐ Male ☐ Female

3. Home Address

City

State

WA

Zip code

4. Mailing address

City

State

WA

Zip code

Application for the Deaf-Blind Communicator (DBC)

5. Community/Complex name	6. County of residence
7. Home telephone number (include area code) ()	<input type="checkbox"/> Voice <input type="checkbox"/> VP <input type="checkbox"/> TTY <input type="checkbox"/> Other
8. Message telephone number (include area code) ()	<input type="checkbox"/> Voice <input type="checkbox"/> VP <input type="checkbox"/> TTY <input type="checkbox"/> Other
9. E-mail address	10. Best times to contact
11. Social Security Number (optional)	12. Date of Birth (MM/DD/YYYY)
13. Onset Age	

Section 2. Profile

1. Disability (check one in each) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Hearing Loss</u> <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Late Deafened </div> <div style="width: 10%; text-align: center;">and</div> <div style="width: 45%;"> <u>Vision Loss</u> <input type="checkbox"/> Blind <input type="checkbox"/> Low Vision </div> </div>		
2. Do you read Braille? <input type="checkbox"/> Yes <input type="checkbox"/> No How many years of experience reading Braille: What do you read (check all that apply): <input type="checkbox"/> Large Print <input type="checkbox"/> Braille Grade 1 (Uncontracted) <input type="checkbox"/> Braille Grade 2 (Contracted)	3. Do you want to be on the ODHH mailing list? If yes, you will receive the Community Review newsletter. <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Communication preferences		
a. Sign language <input type="checkbox"/> ASL <input type="checkbox"/> PSE <input type="checkbox"/> SEE <input type="checkbox"/> Tactile	b. <input type="checkbox"/> Other communication preference:	c. What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Other:
d. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Application for the Deaf-Blind Communicator (DBC)

5. Financial information (required)

Family size:	Monthly income:	Annual income:
	\$	\$

6. Race/Ethnicity (optional)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Aleut (941) | <input type="checkbox"/> Eskimo (935) | <input type="checkbox"/> Other race (799) |
| <input type="checkbox"/> American Indian (597) | <input type="checkbox"/> White (800) | <input type="checkbox"/> Unreported (999) |
| <input type="checkbox"/> Black or African American (870) | | |

Asian or Pacific Islander (API) :

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian Indian (600) | <input type="checkbox"/> Guamanian (660) | <input type="checkbox"/> Laotian (613) |
| <input type="checkbox"/> Other API (699) | <input type="checkbox"/> Cambodian (604) | <input type="checkbox"/> Hawaiian (653) |
| <input type="checkbox"/> Samoan (655) | <input type="checkbox"/> Chinese (605) | <input type="checkbox"/> Japanese (611) |
| <input type="checkbox"/> Thai (618) | <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> Korean (612) |
| <input type="checkbox"/> Vietnamese (619) | | |

Spanish/Hispanic origin: Is the applicant of Spanish/Hispanic origin?

- | | |
|--|---|
| <input type="checkbox"/> No (not Spanish/Hispanic) (999) | <input type="checkbox"/> Yes; Cuban (709) |
| <input type="checkbox"/> Yes; Mexican, Mexican-American, Chicano (722) | |
| <input type="checkbox"/> Yes; other Spanish/Hispanic (799) | |
| <input type="checkbox"/> Yes; Puerto Rican (727) | <input type="checkbox"/> Unreported (999) |

Section 3. Equipment Selection

1. Select the type of equipment you want

DBC model:

- ☐ DBC with Perkins keyboard
- ☐ DBC with QWERTY keyboard

Signaling device:

- ☐ Vibra Call Signaler
- ☐ Omni Page Signaler

☐ I agree to meet with a DBC Trainer for Evaluation and Training.

Section 4. Client Signature

I certify (or declare) under penalty of perjury under the laws of the State of Washington that information on this form is true and correct.

1. Signature _____ Date _____

2. Person completing application
Name _____ Relationship _____

Telephone number
()

3. Alternate contact person (for applicant)
Name _____ Relationship _____

Telephone number
()

E-mail address _____

Section 5. Professional Signature

Professional must sign the application to certify hearing loss and vision loss.

Instructions to "Professional": You must be authorized to work in the State of Washington to verify the applicant's hearing loss and vision loss.

1. Professional information:

☐ Doctor

☐ Audiologist

☐ Deaf-Blind Specialist

☐ Deaf Specialist

☐ Non-Profit Representative

☐ Hearing Aid Dispenser

☐ Voc. Rehab Counselor

☐ Occupational Therapist

☐ Other:

2. Professional certification
Signature _____ Date _____

Print name and title _____

Telephone number
()

License/certificate number _____

Application for the Deaf-Blind Communicator (DBC)

Application Instructions

When you have completed your Application for the DBC:

- Detach the Application Packet (pages 6 – 9).
- Mail you Application for the DBC (pages 2 – 5).

Instructions (below) correspond with the Application for the DBC.

Enter the information at the top of the application:

I am filling out this application for:

- Myself
- Another person

If you are filling out the application for another person, you must enter that person's information on the Application for the DBC (page 2).

Have you received equipment from the TED Program in the past?

- Yes
- No
- Don't know

Section 1. Client Information

1. Name.

Enter your last name, first name, and middle initial.

2. Gender.

Select your gender. Check: male or female.

3. Address.

Enter your home address: Street, City, State, and Zip code. You must enter a 5-digit zip code. You may enter a 9-digit zip code, if known.

4. Mailing address.

Enter your mailing address, if different than your home address. Mailing address may be PO Box, Rural Route, or other location where you receive mail. Enter in the same format as #3 (above).

5. Community/complex name.

Enter the name of the facility or complex you live in. Examples of facility/complex are: Apartment, Adult Family Home (AFH), or nursing home.

6. County of residence.

Enter the county you live in.

7. Home telephone number.

Enter your home telephone number in the following format: (area code) phone number; example, (360) 902-8000. Check the type of phone number it is: Voice, TTY, Video Phone (VP), or "other."

8. Message telephone number.

Enter a message telephone number. Message number is where TED Program Staff may call to leave messages for you. Enter in the same format as #7 (above).

Application for the Deaf-Blind Communicator (DBC)

9. E-mail address.

Enter your e-mail address, if you have one. TED Program Staff may contact you by e-mail, if necessary.

10. Best times to contact.

Enter the best times to contact you. TED Program Staff will contact you during that time, if possible.

11. Social Security Number (SSN) (optional).

Enter your SSN. This is optional.

12. Date of Birth (DOB).

Enter your DOB in the following format: MM/DD/YYYY; example, 12/06/1981.

13. Onset age.

Enter the age you were when hearing loss and vision loss was first noticed/ documented.

Section 2. Profile

1. Classification.

Check the boxes that best describes you. Check one: Deaf-Blind **or** Deaf; Late Deafened; Hard of Hearing; **and** check one: Blind or Low Vision.

2. Braille Type.

Do you read Braille? Check yes or no.

Write how many years experience you have reading Braille.

Check the box of the type of Braille you read or are learning to read.

3. ODHH Community Review Newsletter.

Would you like to be on the ODHH mailing list? Check: yes or no. If yes, you will receive the ODHH quarterly newsletter.

4. Communication preferences.

a. Sign language. If you use sign language, check the type:
ASL, PSE, SEE, **or** Tactile.

b. Other communication preference. If you communicate in a different way, check this box and write-in how you communicate.

c. Language. What language do you speak?

If you speak English, check that box.

If you speak another language, check the box: "other."

If "other," write-in the language you speak.

d. Interpreter. Check if you need an interpreter to communicate: yes or no.

5. Financial information.

Required: You must complete this.

Enter your family size (number of people living with you); **and**

All sources of income: monthly and estimated annual (one year) income.

6. Race/ethnicity (optional).

Check the box that best describes your race or ethnicity. This is optional.

Section 3. Equipment Selection

1. **Equipment selection:** Check the box of equipment you are applying for. You may select one (1) model of DBC **and** one (1) signaling device (see page 9). Equipment will be delivered by a contracted DBC Trainer.

Section 4. Client Signature

1. **Signature and date.**
You must sign and date the application. If you are unable to sign and date the application, the person who is filling out the application for you may sign on your behalf.
2. **Person completing the application.**
If you are not filling out the application for yourself, the person who is filling out the application must enter: their name, relationship to you, telephone number, and e-mail address, if available.
3. **Alternate contact person.**
Enter information for an alternate contact person, if available. TED Program Staff will use this information to contact you or schedule appointments for you, if necessary. Enter in the same format as #2 (above).

Section 5. Professional Certification

This section must be completed by a professional. By signing the application, the person is verifying your hearing loss and vision loss; and indicating that you have selected the best equipment to meet your needs.

1. **Professional information.**
Check the box that describes the profession:
Deaf or Deaf-Blind Specialist; Caregiver or Caseworker; Physician; Audiologist; **or** "other." If "other," check that box and write-in the profession.
2. **Professional certification.**
The person completing this section must sign and date; and write-in: name and title; telephone number; and license or certificate number, if available.

✉ Mail your completed Application for the Deaf-Blind Communicator (DBC) to:
Office of the Deaf and Hard of Hearing (ODHH)
Assistive Communication Technology (ACT)
Telecommunication Equipment Distribution (TED) Program
1115 Washington St. SE
PO Box 45301
Olympia, WA 98504-5301
Video IP: 209.181.93.249
E-mail: odhh@dshs.wa.gov
Web: <http://odhh.dshs.wa.gov>
Contact information: (800) 422-7930 V/TTY
(360) 902-8000 V/TTY/VP
(360) 902-0855 FAX

Equipment Selection

This section is to help applicants and professionals select the most appropriate equipment to meet the applicant's needs. Equipment will be delivered by a contracted DBC Trainer.

Equipment must be selected on the Application for the DBC (page 4, section 3).

Applicants are eligible to receive:

One (1) Model of DBC and One (1) Signaling Device - optional

Select One (1) Model of DBC

DBC Model 1

F-t-F Unit

DBC Main Unit



DBC Model 2

F-t-F Unit

DBC Main Unit



- Perkins Keyboard

- QWERTY Keyboard

Select One (1) Vibrating Ring Signaler

Vibrating Signaler



- VibraCall Signaler



- OmniPage Signaler