



South Dakota Department of Human Services

Questions? Call (605) 394-6864 (V/TTY) or toll free (888) 304-2311 (V/TTY)

**Application for South Dakota
Telecommunication Equipment Distribution Program
www.sdrelay.com/tedp**

→ Please type or print in ink and fill out completely to avoid delay of the application process. Upon our receipt of the completed application, a TEDP specialist will contact you to schedule an appointment with you. If eligible, you should receive your telephone within 45 days of receipt of your application.

Name: _____

Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone: Home: () _____ Work: () _____ Other: () _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Race: Caucasian (White) Native American Asian American
 Hispanic African American Other _____

Directions to your residence from a landmark or near by town: _____

Who else can we contact in order to reach you?
Name: _____ Phone: _____

How did you hear about this program? _____

Would you like to receive our newsletters? yes no

→ The above facts are true and complete to the best of my knowledge. If under 18 years old, both the applicant and guardian must sign.

Date Applicant's Signature Guardian or Parent (if applicable)

► **Please check all the items that apply:**

- I am a resident of South Dakota
- I have a communication barrier when using the telephone
- I have telephone service in my home
- I wear hearing aids (**Certificate of Impairment not required**)
- I have a Cochlear Implant (**Certificate of Impairment not required**)

Please check below all the features you are interested in:

Amplified Telephones:

- Corded Telephone Cordless Telephone Phone with Tone Control
- Speakerphone Phone with Caller ID Phone with Outgoing Speech Amplification

Accessories:

- Loud Ringer Flashing Light Shaking Alert Cell Phone Amplifier
- Signaler

Specialized Items:

- Teletypewriter (TTY) A device used to communicate primarily with deaf people by phone. The message is typed and read on the screen.
- Voice Carry Over (VCO) Allows people with hearing loss speak for themselves on the phone and read the other party's incoming message as text on the LCD screen.
- Hearing Carry Over (HCO) Allows people with speech impairment to listen to the other party and type their responses
- Captioned Phone (CapTel) Allows users to listen to the other party and read captions at the same time

- Distribution: I prefer to meet with a TEDP Specialist in the office
 I prefer to have a TEDP Specialist to come to my residence for installation and training

This service and equipment will better assist me because: _____

Program Administration

South Dakota Division of Rehabilitation Services
c/o Deaf Program Specialist
500 East Capitol
Pierre, SD 57501
1-800-265-9684 (toll free)
605-773-5990 (voice)
605-773-6412 (TTY)
605-773-5483 (fax)

Return this form to:
CSD of Rapid City
150 Knollwood Drive
Rapid City, SD 57701
(605) 394-6864 (V/TTY) or
(888) 304-2311 (V/TTY)
605-394-6609 (fax)

For office purposes only

Date Application Received: _____ Referral Code: _____
Certificate of Impairment Reviewed: _____



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Certification of Hearing / Speech / Visual Impairment for Telecommunication Equipment Distribution Program

Applicant's Name: _____
Address: _____
Phone: _____

This certification can be completed by one of the following:

- Audiologist or Hearing Instrument Specialist
Department of Human Services - Division of Vocational Rehabilitation, Division of Service to the Blind and Visually Impaired
Licensed Physician
Speech-Language Pathologist

An examination of our records show that the applicant has one or more of the following disabilities which causes an impediment in accessing telecommunication services. For consideration of hearing loss, please use the average for the frequencies of 500, 1000, and 2000 Hz in the better ear.

- Deaf: Profound Hearing loss - (90 dB or more in better ear)
Hard of Hearing (30 dB or more in better ear)
Speech Impairment
Blind or Visually Impaired with hearing loss

If an audiogram is available, please provide a copy. (Please print)

Name: _____ Phone: _____
Agency: _____
Address: _____
Signature: _____ Date: _____

This program is funded through South Dakota Department of Human Services (DHS). Services are Provided by DHS and CSD.

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