

**AzTEDP is a FREE State of Arizona program that provides ONE phone or cell phone accessory and/or ONE alerting device for ARIZONA RESIDENTS who qualify as:**

**\*Hard of Hearing**  
(with or without low vision)

**\*Deaf**  
(American Sign Language users,  
typically)

**Speech-Impaired**

**\*DeafBlind**

AzTEDP  
100 N. 15<sup>th</sup> Avenue, Ste. 104  
Phoenix, AZ 85007

Phone: 602-542-3365  
Toll free: 1-866-223-3412  
Fax: 602-542-3488  
[aztedp@acdhh.az.gov](mailto:aztedp@acdhh.az.gov)

This packet contains:

- 1) Equipment catalog for the **SPEECH-IMPAIRED**
- 2) Application requirements
- 3) Required FORMS (four pages)

**\*Please contact our office to obtain the expanded catalog for Deaf, Hard of Hearing, and DeafBlind.**

**Demonstrations available by appointment.**



## Speech-impaired model choices

### Griffin Labs TruTone **EMOTE® Electrolarynx**

- **Published University Study for Proven Intelligibility.** Not just marketing hype; actual proven results. Our exclusive **Emotion™ Button** is easy to use.
- **Simple & Easy to Use.** Intuitive adjustments, with external adjustments. Easy-set modes for push-button simplicity. Quick & easy whisper mode for monotone users.
- **Up to Month-Long Battery Life & USB Charging.** For ultimate convenience, charges just like your phone. Users experienced 28+ days between charges.

**The only *Drop & Soak®* Warranty.** Even the battery has a 2-year warranty!



Griffin Labs **SoniVox™ Plus Waistband Voice Amplifier** is a high volume, low feedback personal voice amplifier that is great for anyone who has a weak voice. It is also a great way to boost your voice if you speak with esophageal or TEP speech.

- Great for personal conversations or small groups
- More compact than other waistband amplifiers
- Conveniently straps around your waist, or slings over the shoulder
- Filters out unwanted sound
- Improves perceived voice quality
- For use with a headset microphone (included)
- Uses AA rechargeable batteries (included)
- Convenient AC adapter charges batteries when not in use



## Zygo Wireless Voice Amplifier w/ High Performance Headset Microphone



The SoniVox™ Voice Amplifier is a high volume, low feedback personal voice amplifier that is great for anyone who has a weak voice.

The SoniVox™ is also the perfect way to boost your voice if you speak with esophageal or TEP (Tracheoesophageal Puncture) speech.

- Great for personal conversations or small groups
- More compact than other waistband amplifiers
- Conveniently straps around your waist, or slings over the shoulder
- Filters out unwanted sound
- Improves perceived voice quality
- For use with a headset microphone (included)
- Uses AA rechargeable batteries (included)
- Convenient AC adapter charges batteries when not in use

## Casa Futura Telephone Fluency System

### Altered Auditory Feedback (AAF)

- Delayed auditory feedback (DAF) immediately reduces stuttering about 70% at normal speaking rates without training, mental effort, or abnormal-sounding or abnormally slow speech. 55% carryover fluency after removing the device, without speech therapy. With speech therapy, DAF can induce a slower speaking rate with stretched vowels to make even severe stutterers nearly 100% fluent.
- Pitch-shifting frequency-shifted auditory feedback (FAF) immediately reduces stuttering about 70% at normal speaking rates and induces speech motor changes in stutterers. Combining DAF and FAF increases effectiveness.



Headsets and Earsets: The Basic Fluency System works with all standard headphones and microphones.

- The Logitech H110 full-size headset gives you the best sound quality and maximizes the SmallTalk's effectiveness. By using the full-size headset on telephone calls, in speech therapy, and in stressful conversations such as public speaking, you'll maximize carryover fluency and not need to use the device for lower-stress conversations.

A Plantronics MX100S binaural (two ear) wired iPod-style earset is included. Any other standard wired earset can be used.

- **Telephone Interface**
- The Basic Fluency System plugs into telephones. You hear your voice and the caller's voice in both ears; the caller hears your normal voice. Leave your Basic Fluency System plugged into your telephone and practice speech therapy on every call. Many states provide the Basic Fluency System free to qualified residents who stutter.
- The Basic Fluency System can be used with cellphones. Older cellphones with a standard 2.5mm three-conductor earset jack plug directly into the Basic Fluency System. Newer cellphones with other earset jacks, such as the 3.5mm four-conductor jack on iPhones and other smartphones, require an adapter. Adapters are easily available for all types of cellphones.

**Other options for those with speech impairment**  
**(with normal hearing)**

**HEARING CARRY OVER WITH TTY**  
*(for people with NO speech and normal hearing)*

There are a variety of methods to utilize any combination of TTY, telephone, speakerphone, or speakers for Hearing Carry Over (HCO).

Please contact our office for consultation.

Internet version is also available for free at [www.sprintip.com](http://www.sprintip.com)



**Ultratec 4425 TTY**

Internet Protocol Relay service is available those with speech impairment to make telephone calls from their Smartphone or tablet. Please contact Vicki Thompson at 1-866-223-3412 or 602-542-3488 (fax) or email [V.Thompson@acdhh.az.gov](mailto:V.Thompson@acdhh.az.gov) for consultation.



## Application Requirements:

Just follow the steps to ensure quick processing

### Step #1: Complete the Application FORM:

Part A: 1) Complete the application, sign where it says “applicant signature”  
2) Write in your equipment model choice(s). Contact us if needed.

Part B: This can be completed as “contact only” if friend/family is helping the applicant. If someone is truly acting on behalf of the applicant, please see form.

Part C: This portion **MUST** be completed and **SIGNED** by your **PROFESSIONAL**.

Step #2: Sign the Conditions of Acceptance FORM: Read, sign and date.

### Step #3: Statement of U.S. Citizenship/Alien Status for State Benefits FORM:

You must submit photocopied proof that you  
(**CURRENT NAME**) are a **U.S. Citizen**.

- Complete every blank on the citizenship form
- Check the box of which kind of photocopied documentation you are submitting for citizenship.
- Sign and date page two.
- **Provide a photocopy** of the document(s) that prove you (**current name**) are a legal resident of the U.S.A. **The most common proofs of CITIZENSHIP are:** U.S. Passport with current name **or** U.S. Birth Certificate. If using Birth Certificate and last name has changed, (typically upon marriage) see below.



**Notice: Last name change(s) for women are the most common challenges in proving United States Citizenship and Identity:** Women who are using their Birth Certificate with their MAIDEN name for proof of U.S. Citizenship, and have taken a spouse’s last name upon marriage(s), must provide marriage certificate(s) that prove sequential name change(s). How many times have you changed your name since your U.S.A. birth? Last name changes affect citizenship and identity.

Last name at birth ----->----->-----last name now?

### Step #4: Proof the applicant lives in Arizona:

**Provide photocopy** of any **ONE** document of an official nature indicating the applicant’s name and current **physical AZ address**:

- AZ Driver’s License / State ID
- Utility bill in applicant’s name
- Letter from assisted living facility stating residency
- Anything of a formal nature to verify name/address



If you do not complete the application and submit photocopied documentation as instructed, the application will be returned to you with a pending information letter.



**AzTEDP** Arizona Telecommunications  
Equipment Distribution Program

**AZTEDP APPLICATION - INFO ALSO AT WWW.ACDHH.ORG**

Mail ALL application materials to:

AzTEDP, 100 N. 15th Ave. Suite 104, Phoenix, AZ 85007

Ph: 602-542-3365 or toll free 1-866-223-3412 (V/TTY) aztedp@acdhh.az.gov

**APPLICANT - AzTEDP is available for demonstrations**

www.ACDHH.org

PART A

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Arizona

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

X \_\_\_\_\_ Note: Applicants younger than 18 must have a Parent or Legal Guardian complete  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ and sign Part B. Adults who have a P.O.A. may choose to do the same.

Model choice: \_\_\_\_\_ Alerting model choice (if needed): \_\_\_\_\_

**PARENT / LEGAL GUARDIAN / P.O.A./HELPER/FRIEND**

PART B (IF NECESSARY)

Last Name (print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Relationship: \_\_\_ Parent \_\_\_ Legal Guardian \_\_\_ helper/friend  
(please attach P.O.A. if applicable)

Address (print) \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Phone \_\_\_\_\_

X \_\_\_\_\_ Note: As established in the Conditions of Acceptance, Parent or Legal Guardian listed herein is  
On behalf of applicant (IF NECESSARY) \_\_\_\_\_ responsible for all equipment provided under the terms of this agreement.

**CERTIFYING PROFESSIONAL : A PROFESSIONAL must COMPLETE and SIGN this portion.** PART C

**I certify that the above named person has the disability marked below and a need for accessible phone. I attest to my qualification as a person authorized to certify need as defined by R9-26-203.**

**I am licensed to practice as a(n): (Circle one) Physician Assistant    Dispensing Audiologist  
Doctor    Audiologist    Hearing Aid Dispenser    Nurse Practitioner  
Speech-Language Pathologist    Rehabilitation Counselor (*must have CRC*)**

**within the State of Arizona, as evidenced by my professional license #: \_\_\_\_\_**

Professional ***Printed*** name: \_\_\_\_\_

Business address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**As an Arizona Professional, I certify that the above named Applicant (Part A) is:  
Deaf                      Hard of Hearing                      DeafBlind                      Speech-Impaired  
therefore has a need for accessible telephone equipment to the best of my knowledge.**

X \_\_\_\_\_ DATE: \_\_\_\_\_

**Signature of Certifying PROFESSIONAL required**

May '21

# CONDITIONS OF ACCEPTANCE for the ARIZONA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION PROGRAM (AzTEDP)



**Please READ and SIGN YOUR FULL NAME at the bottom** (Minors – under 18 years of age: a parent or a Guardian must sign on your behalf). This form constitutes an agreement between you as a recipient of an AzTEDP voucher or loaner device(s) and the State of Arizona. Pursuant to Arizona Administrative Code R9-26-101 and R9-26-201 through R9-26-206, AzTEDP is responsible to ensure that all recipients of devices under this program understand and accept the following conditions. Please read carefully.

**Residency:** I am a resident of Arizona and am providing proof in the form of an Arizona ID **OR** utility bill in my name. In the event of non-use or death during this five-year period, the equipment must be returned to ACDHH/AzTEDP. I am also enclosing proof of my United States legal presence as described on the STATEMENT OF (U.S.) CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS FORM.

**Property:** I understand that I am to keep the box, lines, & instruction manual in the event it may need to be serviced. VOUCHER equipment becomes my personal property at the end of the warranty period. At that time, I will be able to receive another voucher for a new device(s).

**Voucher:** I am eligible for one new VOUCHER device and/or one alerting device when warranty has expired for previous device(s). I understand AzTEDP buys one telephone and/or one alerting device for me upon previous device warranty expiration. I understand that CAPTEL is issued directly and will NEVER become my property.

**Damage, Repair, Loss, and Theft:** I am financially responsible for the loss of or damage to the device during my five-year period. I will inform AzTEDP if my device is lost or stolen and will report any theft of the State-owned device to the police and submit a copy of the police report to AzTEDP. I will not be loaned another device until the report has been received, or payment made.

**Travel/ Move out of State:** I may take the device(s) out of the state for not more than ninety (90) days at a time. I must return voucher device(s) to AzTEDP within 90 days of moving out of the State of Arizona if during my five-year period.

**Change of Address:** I must notify AzTEDP within thirty (30) days of any change in my Arizona address and phone number.

**Liability:** I will not hold AzTEDP and the State of Arizona liable for any claims, damages, and/or expenses arising from the use or misuse of these device(s).

**Used equipment:** I MAY be issued a used loaner device at the discretion of the AzTEDP staff according to program operation, supply and demand. All devices have been cleaned and tested to ensure proper function. I will be responsible for plugging in the equipment. Demonstrations are available upon request.

Applicant Name: PRINTED \_\_\_\_\_

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

**Submit all forms and supporting documentation to: AzTEDP 100 N. 15th Ave. Suite 104, Phoenix, AZ 85007**  
**[aztedp@acdhh.az.gov](mailto:aztedp@acdhh.az.gov) \* 1-866-223-3412 V/TTY \* (602) 542-3365 V/TTY**



STATEMENT OF **UNITED STATES CITIZENSHIP** AND  
ALIEN STATUS FOR STATE PUBLIC BENEFITS



The applicant must provide photocopied document(s) to prove  
**UNITED STATES of AMERICA Citizenship/identity.**

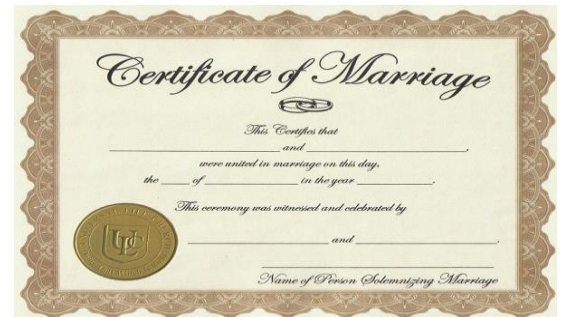
\_\_\_\_\_  
(PRINT CURRENT NAME OF APPLICANT)  
**IS IN THE UNITED STATES LEGALLY. CITIZENSHIP OR NATIONAL STATUS IN  
THE CURRENT NAME OF THE APPLICANT MUST BE PROVEN.  
A LEGIBLE COPY OF AN APPROVED DOCUMENT DEMONSTRATING UNITED  
STATES CITIZENSHIP OR NATIONALITY OF THE APPLICANT (WITH  
APPLICABLE NAME CHANGE DOCUMENTATION) MUST BE SUBMITTED WITH  
APPLICATION. (If non of the below options apply, please contact our office.)**

\_\_\_ First time AzTEDP applicant    OR    \_\_\_ Continuing AzTEDP client

Please CHECK below which PHOTOCOPIED document you will be submitting.

1. BIRTH CERTIFICATE showing birth in one of  
the 50 states, or its territories;

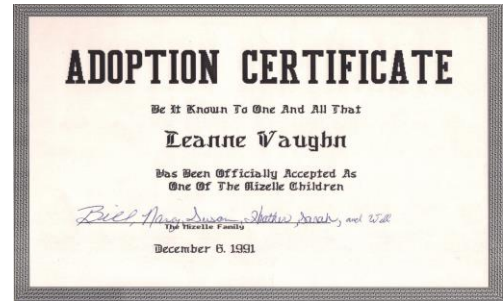
Look at the BIRTH CERTIFICATE: If your name has  
changed (marriage, etc.), additional documentation is  
required to prove sequential name change(s) that lead  
to the applicant's **current name**.



- 2. United States Passport; current or expired is accepted;
- 3. Report of birth abroad of a United States Citizen (FS-240);
- 4. Certificate of Birth (FS-545) or Certification of Report of  
Birth (DS-1350);
- 5. Form N-561, Certificate of Citizenship;
- 6. Form I-872, American Indian Card with statement identifying the bearer as  
a United States Citizen;
- 7. Religious record recorded in one of the 50 states; (Baptism – commonly used)
- 8. Evidence of civil service employment by U.S. government before June 1, 1976;



- 9. Early school records, showing the date of admission to the school, the applicant's date and United States place of birth, United States nationality or a United States place of birth, and applicant's date of birth or age;
- 10. Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states;
- 11. Any other document that establishes a United States place of birth or otherwise indicates United States nationality (e.g. U.S. hospital record).



**A.** Are you a born or naturalized citizen of the United States? \_\_\_ Yes \_\_\_ No  
**B.** If "Yes", what city, state and country were you born in?

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**DECLARATION:**

I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

X \_\_\_\_\_  
 Applicant signature required Date

Please submit ALL completed application FORMS and photocopied documentation you have gathered per instructions to:

AzTEDP  
 100 N. 15th Avenue, Suite 104  
 Phoenix, AZ 85007  
 Phoenix metro: 602-542-3365 Toll free: 1-866-223-3412  
[aztedp@acdhh.az.gov](mailto:aztedp@acdhh.az.gov)

Please allow 2-4 weeks for processing of **COMPLETE** applications.  
 INCOMPLETE applications will be sent a "Pending Information" letter.



## What Happens Next?

Once the FORMS and relevant photocopied Citizenship and photocopied Arizona residency documents are submitted to AzTEDP, what can I expect?

- You will be served promptly.
- **Yellow** voucher will be printed based on the model chosen on your application form.
- The voucher, instructions, and a list of vendors will be mailed to you. (The vendor holds your WARRANTY. Contact them for repairs.)
- To redeem the voucher, follow the instructions included with the **yellow** voucher.