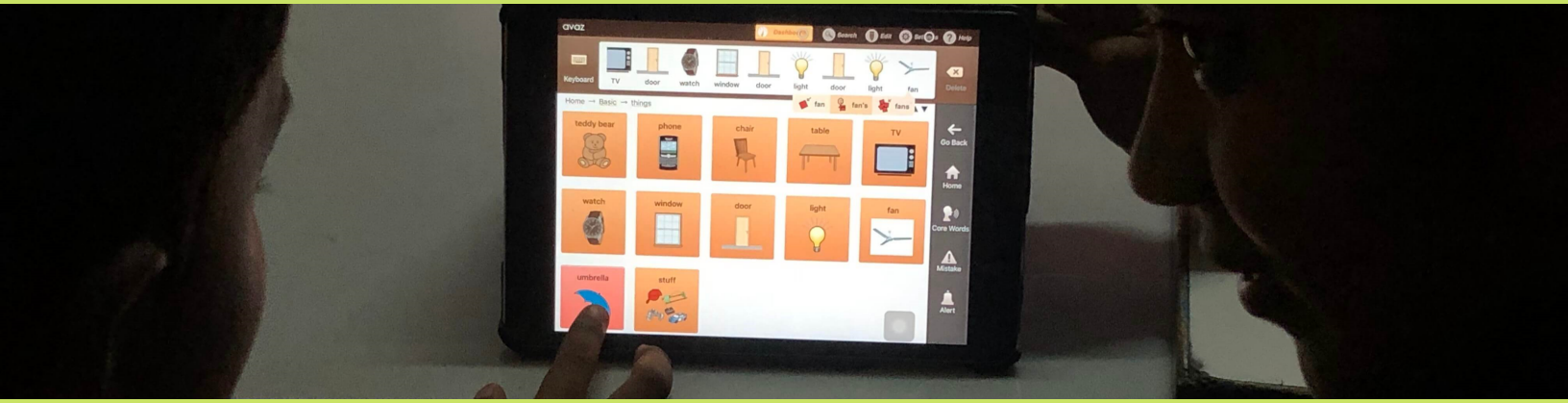
SPEECH APPLICATION



GA TEDP

www.gcdhh.org/gatedp

GEORGIA CENTER OF THE DEAF AND HARD OF HEARING

2296 Henderson Mill Rd #115
Atlanta, GA 30345

1-888-297-9461 · VP: 404-381-8447
Fax: 404-297-9465 · info@gcdhh.org

GCDHH's Mission

GATEDP's Mission

The mission of the Georgia Telecommunications Equipment Distribution Program is to provide specialized equipment to residents of the state of Georgia who, because of hearing or speech impairments, cannot otherwise communicate over the telephone.

PSC's Mission

The mission of the Georgia Public Service Commission is to ensure that consumers receive the best possible value in their telecommunications, electric, and natural gas services; and to improve natural gas pipeline safety and protect utility infrastructure from damage.

SPEECH APPLICANT INFORMATION

Last Name First Name Middle Name

Address Apt. No.

City/State Zip Code/County

Age Group (Check One): ☐ (5-17) ☐ (18-54) ☐ (55 and up)

Telephone Number Check One: ☐ Home ☐ Cell ☐ VP

Email Address

Marital Status: ☐ Single ☐ Married ☐ Widowed

Number of Dependents: _____

RELEASE OF INFORMATION

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

Contact Name: _____ Contact Name: _____

Contact Number: _____ Contact Number: _____

Relationship: _____ Relationship: _____

☐ I am interested in obtaining more information about programs that could benefit me as a low-income individual. I request and authorize GCDHH to use the information provided above to screen for other programs I would qualify for.

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
(FOR USE BY SLP ONLY)

Please complete the following evaluation based on your knowledge of the client's need.

Communication Impairment

Please indicate the client's type of speech impairment. _____

Please describe the client's impairment severity (how the individual presents).

What speech device is your client currently applying for?

What is current status of your client's speech impairment and the expected course of the speech impairment as it relates to an underlying disease/condition? _____

Ability to Meet Communication Needs with Other Approaches

Has your client applied to receive a device funded by their insurance? (Circle One) **Yes/No**

If so, what portion of the cost was the insurance company willing to pay?

If the insurance company would not cover the cost of the entire device, can your client afford the co-pay? (Circle One) **Yes/No**

Why is the patient unable to fulfill daily functional telecommunication needs without this particular device? _____

Clinician Information

Last Name First Name

Clinic Address

Email Address

City, State, and Zip Code

Telephone Number

Fax Number

I assert to my qualification under penalty of perjury that my above answers are true and correct.

X _____ **X** _____

Signature Date

APPLICANT CHECKLIST
(THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ELIGIBILITY)

☐ APPLICATION AND CERTIFICATE OF NEED:	The sections labeled Applicant Information, Release of Information, and Certificate of Need found above.
☐ PROOF OF INCOME:	Applicants must show proof that **all** of their annual income does not exceed 200% of the Federal Poverty Level. If married, both incomes are required. Sources of proof can include, but are not limited to, a governmental benefit check stub or letter, pay stub, or W-2 form. Proof of income must be from within the last calendar year at the time of applying.
☐ PROOF OF PHONE OR INTERNET SERVICE:	Applicants must provide proof of cellphone, landline, or internet phone service. The applicant's most recent bill will suffice.
☐ PROOF OF GEORGIA RESIDENCY:	Applicants must be a resident of Georgia. Applicant's driver's license, state ID, rental agreement, any utility bill, or a piece of mail from a government agency may be used to determine this requirement.

APPLICANT MAY SUBMIT FORM AND REQUIRED DOCUMENTS VIA:

Mail: 2296 Henderson Mill Rd #115
Atlanta, GA 30345
Fax: 404-297-9465
Online: www.gcdhh.org/gatedp

Mail, Fax, or Submit Online:

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