

APPLICATION

A. APPLICANT INFORMATION

Last Name	First Name	Middle Name	Phone Number	Check Off Which of These Applies:
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Video Phone
Address			Email	
City and State			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Zip Code			Number of dependents: _____	
Age Range: <input type="checkbox"/> (5-17) <input type="checkbox"/> (18-54) <input type="checkbox"/> (55+)				

B. RELEASE OF INFORMATION

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

Contact Name: _____ Contact Number: _____ Relationship to Applicant: _____

Contact Name: _____ Contact Number: _____ Relationship to Applicant: _____

☐ 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

C. CERTIFICATE OF NEED (TO BE COMPLETED BY A PROFESSIONAL)

I am a/an: (Check all that apply)

- ☐ Audiologist ☐ Hearing Aid Specialist ☐ Disability Service Center Director ☐ Senior Center Director ☐ Nurse Practitioner ☐ Social Worker
☐ Doctor/Physician ☐ Physician's Assistant ☐ Vocational Rehabilitation Counselor ☐ Certified Therapist ☐ State Certified Teacher of the Deaf

Last Name	First Name	Email Address
Address		Telephone Number
City	State/Zip Code	Fax Number
Check the disability being verified:		
<input type="checkbox"/> Deaf	<input type="checkbox"/> Late-Deafened	<input type="checkbox"/> Low Vision/Blind with Hearing Loss
<input type="checkbox"/> Deaf with Low Vision	<input type="checkbox"/> Deaf and Blind	<input type="checkbox"/> Hard of Hearing

I assert to my qualification that I am authorized to verify the individual mentioned above has a hearing loss that prevents or limits their ability to use a standard telephone.

X

Professional's Signature

TEDP CHECKLIST

(THE FOLLOWING ITEMS MUST BE SUBMITTED ALONG WITH THE APPLICATION)

- | | |
|---|--|
| <input type="checkbox"/> APPLICATION AND CERTIFICATE OF NEED: | Parts A, B, and C of the form found above. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> PROOF OF PHONE OR INTERNET SERVICE: | Any applicant wishing to obtain wireless equipment must show proof of a cell phone or internet bill. The applicant's most recent bill will be sufficient documentation.
Any applicant wishing to obtain landline phone equipment must show proof that they have residential phone service. The applicant's most recent phone bill will be sufficient documentation. |
| <input type="checkbox"/> 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