

# APPLICATION

## A. APPLICANT

Last Name	First Name	Middle Name	Telephone Number	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> VP
Address			Email Address	
City/State		Apt. No.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Zip Code/County		Number of Dependents (If Applicable): _____		
Age Group (Check One): <input type="checkbox"/> (5-17) <input type="checkbox"/> (18-54) <input type="checkbox"/> (55 and up)				

## 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: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ 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

## 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:

Deaf  Late-Deafened  Low Vision/Blind with Hearing Loss  
 Deaf with Low Vision  Deaf and Blind  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)

- APPLICATION AND CERTIFICATE OF NEED:** Parts A, B, and C of the form 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:** 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.
- 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 Tucker, GA 30345

Fax: 404-297-9465

Online: [www.gcdhh.org/gatedp](http://www.gcdhh.org/gatedp)

## WHAT IS GATEDP?:

The Georgia Telecommunications Equipment Distribution Program (GATEDP) is a program enacted by the Georgia Legislature that provides specialized telecommunication equipment to Georgia residents with hearing and/or speech impairments that prevent them from using ordinary telecommunication equipment. The equipment remains the property of the State of Georgia and is loaned to recipients. This program offers equipment, training, and warranty repair services to eligible applicants free of charge. One must apply for the program by completing an application form and providing the required documents to determine eligibility. These documents include proof of income, proof of Georgia residency, phone or internet service, and certification of need. Funding for the program is provided through a surcharge on phone and internet subscriber bills. The Georgia Public Service Commission (PSC) contracts with the Georgia Center of the Deaf and Hard of Hearing (GCDHH) to be the distribution agency for GATEDP. GCDHH, established in 1989, is a statewide nonprofit service center that provides an array of services throughout Georgia to the Deaf and Hard of Hearing community.