



Applicant's Personal Information

Please read carefully, print, and fill out completely

- 1. Name (First, Middle, Last):
2. Home Address: Apt:
3. City: State: MA Zip Code:
4. Home Telephone Number you use:
5. Name of your Home Telephone Company:
6. Social Security Number:

Income Qualifications

- 7. Is the applicant's annual household income \$50,000 or more, OR does the applicant qualify as a dependent for federal income tax purposes? Yes No

If the answer to Question 7 is "Yes", fill out the Financial Guidelines Worksheet on the next page.

I certify under the pain and penalty of perjury that all statements made by me are true and correct to the best of my knowledge and give permission to the agency listed below to release information on this form to Verizon for the purposes of certifying my need for specialized telephone equipment.

Applicant's Signature Date

Note: if the applicant is a minor, then a parent or legal guardian must sign.

For Commission Use Only

Table with 3 columns: MCDHH (Deaf, Hard of Hearing), MCB (Legally Blind, Deaf/Blind), MRC (Vision, Speech, Motion, Cognitive). Each column includes a signature and date line.

Financial Guidelines

If the answer to Question 7 on the previous page was “Yes,” the applicant may still qualify for free equipment.

Fill in the following information:

Total household dependants:	<input style="width: 90%;" type="text"/>
x \$15,000:	<input style="width: 90%;" type="text"/>
+ \$50,000:	<input style="width: 90%;" type="text"/>
Total:	<input style="width: 90%;" type="text"/>

1. Enter the total number of household dependents for federal income tax purposes (include the applicant or the guardian, if appropriate).
2. Multiply the total number of dependents by \$15,000. Enter total (dependants x 15,000)
3. Add \$50,000 Enter total (dependants x 15,000 + 50,000)
4. Does the annual household income of either the applicant or the guardian, whether a dependent or not, exceed the total? Yes No

If the answer is “No,” the equipment will be provided at no charge.

If the answer is “Yes,” the applicant or the guardian is required to pay a portion of the cost of the equipment received under the program. For example:

If Equipment Cost	The Payment is:
Less than \$100	Full cost of the equipment package
\$101 - \$1,000	1/3 the cost of the equipment package
over \$1,000	\$333

If you have any questions regarding the program or application process, please call us weekdays from 8:30 A.M. until 5:00 P.M. at the Verizon Center for Customers with Disabilities. 1 (800) 300-5658 V/TTY.



This portion of the application must be filled out by a Massachusetts licensed Medical Professional's Information

1. Name (First, Middle, Last): _____
2. MA License Number: _____
3. Phone Number: _____
4. Address: _____
5. City: _____ State: _____ Zip Code: _____

I am a Massachusetts licenced:

- Physician Audiologist Speech pathologist
 Ophthalmologists/Optometrist Neuropsychologist

I hereby certify the applicant:

1. Name (First, Middle, Last) _____
2. Street Address: _____ Apt: _____
3. City: _____ State: MA Zip Code: _____

has a permanent disability that requires the use of assistive equipment to effectively use the telephone. **All applicable disabilities are checked.**

- Deaf Hard of Hearing Legally Blind Deaf/Blind Motion
 Vision Speech Cognitive

MD's Signature: _____ Date: _____

After Part 1 and Part 2 are complete, this application must be sent to the appropriate Massachusetts Commission, who will certify the disability.

Use the chart below to determine the appropriate Commission to send this application to.

Applicant's Primary Disability	Mail to:
Deaf or Hard of Hearing	Massachusetts Commission for the Deaf and Hard of Hearing Case Management Department 150 Mt. Vernon Street, Suite 550 Dorchester, MA 02125
Legally Blind or Deaf/Blind	Massachusetts Commission for the Blind Registration Department 48 Boylston Street Boston, MA 02116
Mobility, Vision, Speech, or Cognitive	Massachusetts Rehabilitation Commission 27 - 43 Wormwood Street Fort Point Place Boston, MA 02210

After the Commission has certified that applicant's disability or disabilities, the application is forwarded to MassEDP. MassEDP approves the application and mails an acceptance letter to the applicant explaining how to obtain the equipment.