

# APPLICATION FOR BUSINESSES TO PURCHASE A CAPTIONED TELEPHONE AS A WORK ACCOMMODATION IN MARYLAND



## Please check all boxes that apply:

- The business or agency office is located in Maryland.
- The employee applying for service has difficulty using a standard telephone and is deaf or hard of hearing, with understandable speech.
- The employee has the ability to read the English or Spanish language.



**STOP! IF YOU ARE AN *INDIVIDUAL* WISHING TO PURCHASE A CAPTIONED TELEPHONE FOR USE AT HOME, PLEASE DO NOT USE THIS FORM. PLEASE CALL MARYLAND RELAY CUSTOMER SERVICE AT 800-552-7724 (V/TTY) FOR MORE INFORMATION.**

## Please send the following information with your application:

- A COPY of blank letterhead for the business or agency.
- A COPY of the employee/user's driver's license or identification card.

Is the employee **CURRENTLY** a Captioned Telephone User?  YES  NO

Will the employee be the only person using the Captioned Telephone?  YES  NO

The State of Maryland pays for each minute of captioning services. *Captions may only be used by the individual to whom the captioned telephone is issued.* Please turn captions OFF for all users other than the individual to whom captioned telephone is issued.

### How did you hear about Captioned Telephones?

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Audiologist/Doctor                             | <input type="checkbox"/> Internet Website               |
| <input type="checkbox"/> Event      | <input type="checkbox"/> MD Relay Website                               | <input type="checkbox"/> Article/Magazine               |
| <input type="checkbox"/> Ad         | <input type="checkbox"/> Captioned Telephone<br>Outreach Representative | <input type="checkbox"/> Other (please identify): _____ |

### Telecommunications Access of Maryland—Maryland Accessible Telecommunications

301 West Preston Street, Suite 1008A • Baltimore, MD 21201-2305  
More Information: 800-552-7724 (V/TTY/VP) • Fax: 410-767-4276  
www.mdrelay.org • moreinfo@mdrelay.org

# MARYLAND CAPTIONED TELEPHONE INFORMATION FORM

***This information corresponds to the business or agency applying to purchase a Captioned Telephone as a work accommodation:***

Business/ Agency Name

Address

Suite/ Room Number

City

State

Zip Code

Name of Contact Person/Supervisor

Area Code & Phone Number of Contact Person/Supervisor

E-mail of Supervisor

***The information below corresponds to the Employee who will use a Captioned Telephone as a work accommodation; i.e. the 'User.'***

Last Four Digits of Social Security Number

Date of Birth: m m / d d / y y y y

Name:

Last

First

Middle

Home Address

Apt.

City

State

Zip Code

Area Code & Phone Number

Cell Phone Number or Pager Number

E-mail

# TERMS AND CONDITIONS FOR CAPTIONED TELEPHONE SERVICE

*The information below corresponds to the Employee who will use a  
Captioned Telephone as a work accommodation; i.e. the 'User.'*

I, as the sole User, understand and agree to all of the following:

- Use of Captioning Service:** The State is paying 'per minute' for captioning service when using a Maryland-registered captioned telephone ('Captioned Telephone') with captioning ON. I will use captioning as needed. Captions will be turned OFF when persons other than me use the Captioned Telephone.  
\_\_\_\_\_ (*applicant's initials*)
- Eligibility:** The Captioned Telephone is for my use only. I am, or the minor for whom I am signing is, eligible to receive the requested equipment. I have not previously received more than one Captioned Telephone through this or another Agency or source.  
\_\_\_\_\_ (*applicant's initials*)
- Maryland Registered User/ Out of State 'Roaming':** Captioned Telephones purchased in Maryland are for use by Maryland residents only. If a Captioned Telephone is used out of Maryland for more than three (3) consecutive months at a time, or the Captioned Telephone is not used in accordance with the terms and conditions stated herein, the captioning service may be **terminated**.  
\_\_\_\_\_ (*applicant's initials*)
- Change of Address/Annual Verification:** I will notify Telecommunication Access of Maryland (TAM) of any change of address or telephone number within thirty (30) days of the change and I agree to return to TAM an address verification form by mail every year, if requested. If TAM is not informed of an address or telephone number change or cannot confirm the business or agency's current address through annual verification, the Captioned Telephone service may be **terminated**.  
\_\_\_\_\_ (*applicant's initials*)
- Damage/Repair of Equipment:** The State of Maryland and its units, agents, agencies, departments, officials, representative and employees are not responsible in any way for: (i) the Captioned Telephone and related accessories (collectively referred to as the 'Equipment') furnished by the supplier(s) of the Equipment, (ii) any acts or omissions of the supplier(s) or the manufacturer of the Equipment, (iii) any repairs to the Equipment, (iv) replacement of the Equipment, or (v) malfunctions of the Equipment, including but not limited to any claims arising from any of (i) through (v), above. The State shall not be considered a seller of the Equipment and shall not be considered in any way a party to any transaction(s) between me and the supplier(s) or manufacturer of the Equipment. I agree to defend, indemnify, and hold harmless the State of Maryland and its units, agents, agencies, departments, officials, representative and employees from any and all claims, damages and expenses of whatever nature arising out of use or misuse of the Equipment by me or any person.  
\_\_\_\_\_ (*applicant's initials*)

**PLEASE NOTE: Connecting directly to a digital home or office phone system can damage your Captioned Telephone and void the warranty. Please read the Captioned Telephone User Manual for more information.**

continued on the back page →

6. **Long Distance Charges:** I understand my employer or I must register my long distance plan with Captioned Telephone Customer Service by calling 888-269-7477 to avoid additional long distance charges. **Please Note: This situation can be avoided by using a 2-Line Captioned Telephone.**  
 \_\_\_\_\_ (applicant's initials)
  
7. **9-1-1 Emergency Calls:** If I dial 9-1-1 on my Captioned Telephone, I will be connected directly to a 9-1-1 operator. If I choose to receive text of the call, I will see the text but will not be able to hear the operator at the same time. If I turn off captions, I will be able to hear the 9-1-1 operator talk to me but I will not see the text. I will read the 9-1-1 instructions that come with my Captioned Telephone for more information. **Please Note: This situation can be avoided by using a 2-Line Captioned Telephone.**  
 \_\_\_\_\_ (applicant's initials)
  
8. **User Manual:** I take full responsibility for reading the Captioned Telephone User Manual and associated bulletins which describe how to use the Captioned Telephone and service. These documents are in the Captioned Telephone equipment box.  
 \_\_\_\_\_ (applicant's initials)
  
9. **Property:** I understand the captioned telephone is property of my employer or the purchasing agency. If I no longer work at this establishment, I cannot take the captioned telephone with me.  
 \_\_\_\_\_ (applicant's initials)
  
10. **Maryland Law.** These Terms and Conditions shall be construed, interpreted, and enforced according to the laws of the State of Maryland. I hereby consent and submit to the personal jurisdiction and venue of any applicable Maryland State court for resolving any dispute arising hereunder and agree that personal jurisdiction over me may be effected by service of process by registered or certified mail.  
 \_\_\_\_\_ (applicant's initials)
  
11. I have read the above and/or had the above satisfactorily explained to me and I agree to comply with all of the Terms and Conditions stipulated.

\_\_\_\_\_  
 Employee/User: Printed Name

\_\_\_\_\_  
 Employee Signature (Applicant or parent/guardian, if under 18 years old)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

**YES! I would like to receive the Maryland Relay and Captioned Telephone quarterly newsletter. Please add me to your mailing list.**



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# HEARING LOSS CERTIFICATION FORM

**EMPLOYEE/USER:** Please fill out your name, address and sign below. Then give this page to your doctor, audiologist, speech pathologist, or rehabilitation counselor to complete and sign.

## Employee/User

Name: Last First Middle Date of Birth: m m / d d / y y y y

Home Address County

City State Zip Code

Your Home Telephone Number

**APPLICANT:** I authorize TAM/MAT to have access to and use of all information contained in this Certification Form.

## Employee/ User: Authorized Signature

**NOTE TO HEATH CARE PROVIDER:** This form must be filled out by a practicing physician, audiologist, rehabilitation counselor, or speech pathologist, licensed by the State of Maryland, and acting within the scope of his or her license or by an authorized representative of a State agency or educational institution approved by Telecommunications Access of Maryland.

## Professional Certification: Please read the description and sign below to agree.

**Captioned Telephones allow people who have difficulty understanding what is being said over the telephone to receive live captions during a phone conversation**—everything the caller says is displayed in text, word-for-word, while you listen to the speaker. It is not a TTY, but a telephone with built-in captions, designed to let you have a more natural and interactive conversation. The written text appears on a bright, display window built into the phone. The captions appear almost simultaneously with the spoken word, allowing the users to understand everything that is said—either by hearing it or by reading it.

**I have read the preceding information and, by my signature below, I certify that the individual applying for a Captioned Telephone meets all of the following criteria:**

1. Experiences difficulty using a standard telephone; and
2. Has a significant hearing loss; and
3. Has understandable speech; and
4. Can read the English or Spanish language.



Authorized Signature Date

Title MD State License/Certification Number

Office Phone Number

**YES! Please contact me to provide more information about Captioned Telephones!**

Note to Health Care Providers—This form may be mailed directly to:  
Telecommunications Access of Maryland • Maryland Accessible Telecommunications  
301 West Preston Street, Suite 1008A • Baltimore, MD 21201-2305  
More Information: 800-552-7724 (V/TTY/VP) • Fax: 410-767-4276

*Please fold, tape closed, and put a first-class stamp on before mailing*

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PLEASE  
PLACE  
FIRST-CLASS  
STAMP  
HERE

State of Maryland  
Telecommunications Access of Maryland  
Maryland Accessible Telecommunications  
301 West Preston Street, Suite 1008A  
Baltimore, Maryland 21201

*Please tear off, give this card to your doctor, audiologist, rehabilitation counselor, or speech pathologist to complete and mail application.*