

Maryland Self-Purchase Application for Captioned Telephone

Please check all boxes that apply:

- I am a Maryland Resident.
- I have difficulty using a standard telephone and I am Deaf or Hard of Hearing, with understandable speech.
- I have the ability to read the English or Spanish language.
- I have a telephone service in my home, or have applied for telephone service.



STOP! If you are an Employer or State Agency purchasing a Captioned Telephone as a work accommodation, please do not use this form. Please call MD Relay Customer Service at 800-552-7724 (V/TTY) for more information.

Please send the following information with your application:

- A copy of your current home telephone bill.
- A copy of your driver's license or identification card.

Please Note: The State of Maryland will annually verify proof of residency in order for users to continue to receive captions of their telephones (see Terms and Conditions).

Are you **CURRENTLY** a Captioned Telephone User? Yes No

Will you be the only person using your 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?

- | | | | | | |
|------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| 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 Outreach Representative | <input type="checkbox"/> | Other (please identify): | <input type="checkbox"/> |

Over Please



Telecommunications Access of Maryland ~ Maryland Accessible Telecommunications

301 West Preston Street, Suite 1008A ~ Baltimore, MD 21201-2305

More Information: 800-552-7724 (Voice/TTY) ~ Fax: 410-767-4276

Maryland Captioned Telephone User Information Form

Please Print:

Last Four Digits of:

Social Security Number: _____ Date of Birth: / /
m m/d d / y y y y

Last Name: _____ First Name: _____ M. _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Area Code & Phone Number

Where Captioned Telephone Will Be Used: (_____)_____ - _____

Cell Phone or Pager: (_____)_____ - _____

Email Address: _____

Phone Number of Family Member/ Friend: (_____)_____ - _____

Relationship to Applicant: _____

Name of Parent or Guardian if Applicant is Less Than 18 Years of Age		
Last Name	First	M
Address	County	
City & State	Zip Code	Email Address
() -	() -	
Area Code & Phone Number	Cell Phone Number	Pager Number

Last Name	First	M
Address	County	
City & State	Zip Code	Email Address
() -	() -	
Area Code & Phone Number	Cell Phone Number	Pager Number

Hearing Loss Certification Form

Applicant: 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.

Applicant			
Last Name	First	M	Date of Birth
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.

Authorized Signature

Note to Health 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 (Voice/TTY) ~ Fax: 410-767-4276

Terms and Conditions for Captioned Telephone Service

I understand and agree to all of the following:

- 1. 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**)
- 2. Eligibility:** The Captioned Telephone is for my personal 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**)
- 3. 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**)
- 4. 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 TAM is not informed of an address or telephone number change or cannot confirm my current address through annual verification, my Captioned Telephone service may be **terminated**. _____ (**applicant’s initials**)
- 5. 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.

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6. **Long Distance Charges:** I am responsible for paying my local telephone service and long distance charges as well as any and all toll charges for calls made on my Captioned Telephone. I understand I must register my long distance plan with Captioned Telephone Customer Service by calling 888-269-7477 to avoid additional long distance charges.
 _____ (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 text, 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. **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)

10. 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.

Printed Name

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

Date

Witness

Date

Signature of Interpreter (if forms were interpreted)

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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