

pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

OFFICE OF VOCATIONAL REHABILITATION

April 26, 2017

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

RE: **Docket Number M-2017-2582552**

OVR Submission of 2017-2018 program budgets

- Telecommunication Devices Distribution Program (TDDP)
- Wireless Expansion Initiative
- Print Media Access System Program (PMASP)

Dear Ms. Chiavetta:

Enclosed is the TDDP and PMASP 2017-2018 budget information. Said information is a required submission annually to the Pennsylvania Public Utility Commission.

If you have any questions, please do not hesitate to contact Kimberly Means at kimeans@pa.gov or 717-787-8504.

Sincerely,

David DeNotaris
Executive Director

PA PUC
SECRETARY'S BUREAU

2017 APR 27 PM 1:19

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KJM/fk

Cc: Eric Jeschke, PUC
Jill Moriconi, HGAC
Joseph Strechay, BBVS
Stan Swaintek, BBVS
Susan Neff, BBVS
NEWSLINE LOU File 2016-2017
Temple University TDDP File-Year II (Document# 4000019493)



Institute on Disabilities

TEMPLE UNIVERSITY®

College of Education

Pennsylvania's Telecommunication
Device Distribution Program
A Program of the
Commonwealth of Pennsylvania
1755 N 13th Street
Student Center, Room 411S
Philadelphia, PA 19122

phone 800-204-7428 (voice)
phone 866-268-0579 (TTY)
fax 215-204-9371
email TDDP@temple.edu
web www.disabilities.temple.edu/tddp

March 09, 2017

David DeNotaris, Executive Director
Office of Vocational Rehabilitation
1521 North Sixth Street
Harrisburg, PA 17102

Dear Mr. DeNortaris:

Attached please find the document entitled "TELECOMMUNICATION DEVICE DISTRIBUTION PROGRAM, BUDGET FILING INFORMATION REQUIREMENT: Docket No. M-2017-2582552. This document addresses projected funds required for the equipment and consumer education activities for Pennsylvania's Telecommunication Device Distribution Program (TDDP), including funds to implement the Wireless Expansion Initiative pilot program approved by the Public Utility Commission (PUC) in July, 2015.

As you may know, the PUC requires the Office of Vocational Rehabilitation to submit this information every March so that it may determine the need for any adjustment to funding the program through the Telephone Relay Surcharge. Please feel free to contact me if you require any additional information.

Sincerely,

Kim Singleton, MS, CCC-SLP
TDDP Program Director
Director of Assistive Technology Programs

Cc: Sharon Behun, OVR
Eric Jeschke, PUC
Jennifer Baumgardner, OVR
Lisa Troy, Institute on Disabilities

TELECOMMUNICATION DEVICE DISTRIBUTION PROGRAM
Budget Filing Information Requirement: File Items 1 – 3
Docket Number # M-2017-2582552

FILE ITEMS:

1 – 2 BUDGET ESTIMATE – JULY 1, 2017 TO JUNE 30, 2018 BREAKDOWN OF THE TYPE OF UNITS, THE PRICE OF EACH TYPE OF UNIT, AND THE NUMBER OF EACH TYPE OF UNIT PROJECTED TO BE DISTRIBUTED IN THE PROSPECTIVE BUDGET YEAR.

Device Name	Projected Units	Unit Price	Projected Total
Clarity Alto Amplified Phone	30	\$115.00	\$3,450.00
Clarity AltoPlus Amplified Phone	40	\$125.00	\$5,000.00
Serene Innovations HD-40P Amplified Photo Phone w/speakerphone	10	\$40.00	\$400.00
Serene Innovations HD-60J Amplified Large Button Phone	15	\$85.00	\$1,275.00
Clarity XLC2 Amplified Cordless Phone	40	\$92.00	\$3,680.00
Clarity BT914 Amplified Cordless Bluetooth Phone	20	\$98.00	\$1,960.00
Serene Innovations CL-60A Amplified Cordless	150	\$113.90	\$17,085.00
CapTel 840 Captioned Telephone	80	\$90.25	\$7,220.00
CapTel 840i Captioned Telephone	50	\$ 90.25	\$4,512.50
CapTel 880i Captioned Telephone	15	\$ 90.25	\$1,353.75
CapTel 2400i (Touch Screen) Captioned Telephone	35	\$ 90.25	\$3,158.75
Ameriphone JV35 Talking Telephone	25	\$80.00	\$2,000.00
Geemarc BDP400 Talking Telephone w/large display	25	\$130.68	\$3,267.00
Ablephone 5000 Voice Activated Dialer	10	\$175.00	\$1,750.00
Serene Innovations RCx1000 Remote Hands-Free Telephone	25	\$425.00	\$10,625.00
Reizen Big Button Speakerphone	20	\$25.00	\$500.00
Ultratec TTY Superprint 4425	15	\$350.00	\$5,250.00
Ultratec Uniphone 1140 VCO/TTY	10	\$210.00	\$2,100.00

Device Name	Projected Units	Unit Price	Projected Total
Ameriphone HA-40 In-Line Handset Amplifier	5	\$15.00	\$75.00
Clearsounds CR200 Ringer	75	\$39.00	\$2,925.00
Sonic Alert TR75VR Flashing light signaler	75	\$30.00	\$2,250.00
Omni-Page Vibrating Signaler Kit	25	\$125.00	\$3,125.00
Equipment approved through exceptions process (estimated)			\$5,000.00
Subtotal			\$87,962.00
Wireless Pilot Equipment (based on applicant need)			
Includes wireless iPhones, iPads, iPods, "apps", etc.			\$45,000.00
GRAND TOTAL			\$132,962.00

**1. – 2. BUDGET ESTIMATE FOR CONSUMER EDUCATION:
JULY 1, 2017 – JUNE 30, 2018**

Equipment	\$87,962.00
Equipment (Wireless Pilot)	\$45,000.00
Consumer Education and Outreach	\$169,137.00
Consumer Education and Outreach (Wireless)	\$47,800.00
Total of Budget Estimate (2017-2018)	\$349,899.00

FILE ITEMS:

3. OVERVIEW OF THE TELECOMMUNICATION DEVICE DISTRIBUTION PROGRAM

1. Eligibility

- Resident of Commonwealth of Pennsylvania
- Certification of a qualified disability
- Financial eligibility – annual gross income must be at or below 200% of poverty, based on the US Department of Health and Human Services Federal Poverty Guidelines.
- Phone service in home
- Age of person (six or older)
- Ability to use telecommunication device

2. Scope of Program

Pre-approved equipment available:

- Clarity Alto Amplified Phone

- Clarity AltoPlus Amplified Phone
- Serene Innovations HD-40P Amplified Photo Phone w/speakerphone
- Serene Innovations HD-60J Amplified Large Button Phone
- Clarity XLC2 Amplified Cordless Phone
- Clarity BT914 Amplified Cordless Bluetooth Phone
- Serene Innovations CL-60A Amplified Cordless Phone
- CapTel 840 Captioned Telephone
- CapTel 840i
- CapTel 880i
- CapTel 2400i
- Ameriphone JV35 Talking Telephone
- Geemarc BDP400 Talking Telephone w/large display
- Ablephone 5000 Voice Activated Dialer
- Serene Innovations RCx1000 Remote Hands-Free Telephone
- Reizen Big Button Speakerphone
- Ultratec TTY Superprint 4425
- Ultratec Uniphone 1140 VCO/TTY
- Ameriphone HA-40 In-Line Handset Amplifier
- Clearsounds CR200 Ringer
- Sonic Alert TR75VR Flashing light signaler
- OmniPage Vibrating Signaler Kit

Wireless equipment:

Includes wireless iPhones, iPads, iPods, "apps", etc. based on applicant need.

Exceptions to pre-approved equipment list

- Limited to equipment serving the same purposes as equipment on the pre-approved list. Exceptions process must be followed.

Ownership / Maintenance:

- Customer owns equipment, which includes a one-year manufacturer defect warranty; customer is responsible for maintenance.
- (Wireless Pilot): Equipment becomes property of participant after successful completion of the pilot program; warranties are provided (e.g. AppleCare) after which time customer is responsible.
- (Wireless Pilot): Participant is responsible for wireless service, including data plan, if necessary.

Delivery Method:

- Equipment is sent directly to customer from manufacturer/vendor.
- (Wireless Pilot): Equipment is given to customer, along with training in use and maintenance.

Equipment Limits:

- Based on certification of the individual's need.

- One item from each "category" (e.g. no more than one telephone although individual may ALSO receive one signaler), unless approved through the Exceptions Process.

3. Activities Accomplished:

- Activity report for the period of **1/1/16 through 12/31/16:**
 - Total number of eligible applications: **350**
 - Total number of equipment devices issued: **466**
 - Total number of device recipients: **361**
 - Total dollar value of devices issued: **\$46,714.80**
 - Total number of inquiries responded to: **1515**
- Age categories of device recipients: (1/1/16-12/31/16):
 - Under 65: **53**
 - 65 and over: **308**
- Race categories of applicants (1/1/16-12/31/16):
 - African-American: **30**
 - Caucasian: **317**
 - Latino: **1**
 - Asian: **1**
 - Other: **1**
 - No response: **11**

Counties (61/67) of device recipients for the period of 1/1/2016 to 12/31/2016:

County	Recipients	County	Recipients
Adams	0	Lackawanna	31
Allegheny	49	Lancaster	2
Armstrong	2	Lawrence	5
Beaver	4	Lebanon	2
Bedford	5	Lehigh	3
Berks	4	Luzerne	9
Blair	9	Lycoming	6
Bradford	3	McKean	6
Bucks	7	Mercer	2
Butler	6	Mifflin	2
Cambria	3	Monroe	4
Cameron	2	Montgomery	3
Carbon	1	Montour	1
Centre	5	Northampton	4
Chester	4	Northumberland	5
Clarion	2	Perry	1
Clearfield	9	Philadelphia	38
Clinton	1	Pike	2
Columbia	3	Potter	6
Crawford	2	Schuylkill	4
Cumberland	5	Snyder	0
Dauphin	3	Somerset	5
Delaware	6	Sullivan	0
Elk	3	Susquehanna	0
Erie	18	Tioga	2
Fayette	11	Union	1
Forest	1	Venango	3
Franklin	2	Warren	0
Fulton	0	Washington	10
Greene	1	Wayne	4
Huntingdon	7	Westmoreland	5
Indiana	1	Wyoming	3
Jefferson	6	York	5
Juniata	2	Total	361

Budget Filing Information Requirements: File Items 4 – 19

Docket # M-2017-2582552

FILE ITEMS:

4. Actual Number of Units Distributed & the Actual Cost of Units Distributed:

During the period of January 1, 2016 – December 31, 2016, 466 pieces of equipment were distributed. (See Attachment A for itemized listing)

Actual cost of equipment distributed: **\$46,714.80**

5. Designated Administrator:

Pennsylvania's Initiative on Assistive Technology
Institute on Disabilities at Temple University
1755 N. 13th Street
Student Center, Room 411S
Philadelphia, PA 19122
800-204-7428 (voice)
866-268-0579 (TTY)
215-204-6336 (fax)
TDDP@temple.edu (email)
<http://disabilities.temple.edu/tddp>

Contact Person: Lisa Troy, Program Manager or
Kim Singleton, Director of AT Programs

6. Distributors:

The following companies have been selected through Temple University's competitive bidding process to supply equipment to the TDDP:

Teltex
1081 West Innovation Drive
Kearney, MO 64060
888-515-8120 (v/tty); 816-635-4043 (fax)

Weitbrecht Communications Incorporated (WCI)
1500 Olympic Boulevard
Santa Monica, CA 90404
800-233-9130 (v/tty); 310-450-9918 (fax)

Distributors for equipment approved through the exceptions process are selected in accordance with Temple University's procurement policies and procedures.

7. Description: (See Attachment B: TDDP Application)

- **Residency:** Applicant will provide proof of residency by attaching one of the following to the application: a current driver's license, non-driver photo I.D., utility receipts, dated Social Security correspondence, local, state, or Federal tax returns with preprinted name and address, etc.
- **Person with a Disability:** A licensed physician, licensed audiologist, licensed speech pathologist or other recognized state agency (e.g. Office of Vocational Rehabilitation Counselor, Department of Public Welfare or Social Security Administration Case Worker, Department of Aging, Department of Education, Department of Health, Office for the Deaf and Hard of Hearing) must certify on the application that the applicant has a disability and is capable of learning how to use the telecommunication device selected.
- **Telephone Service:** Applicant must attach a copy of his/her phone bill.
- **Six Years of Age or Older:** The age of the applicant is part of the application.
- **Income:** Applicant must indicate his/her gross current income and attach evidence to verify that amount.
- **Additional documentation is required for eligible applicants seeking alternate equipment through the exceptions process, in accordance with the exceptions policy.**
- **(Wireless Pilot):** Participants must indicate how they will access wireless service.

8. Applicant Tracking:

Applicants are tracked by name and a unique application number assigned by the administrators at the time of application.

9. Delivery of Equipment:

The vendor(s) directly ships the equipment to the applicant's residence.

10. Ownership of Equipment:

The applicant owns the equipment. No funds are available to establish an audit of equipment to determine if it has been traded or sold.

11. Maintenance of Equipment:

Applicant is responsible for maintaining equipment. Vendors will repair or replace equipment under the Manufacturer Defect Warranty.

12. Insurance of Equipment:

Applicant is responsible for insuring the equipment.

13. More Than One Eligible Person in a Household:

There are no household restrictions; eligibility is based on an individual's qualification.

14. Use of Equipment at Job Site:

The applicant owns the equipment and can use it anywhere he or she wishes. The law did not address this issue.

15. Useful Life of Equipment:

Vendors have agreed to provide a one year or manufacturer's warranty, whichever is longer. If equipment breaks after expiration of the warranty, the applicant is responsible for repair or replacement. The useful life varies for each device but industry representatives report the equipment should last 3-6 years and possibly longer.

16. Replacement Equipment:

Recipients may re-apply for replacement equipment after three years, if the device is no longer working. A new application must be filed, and the eligibility criteria in effect at the time of re-application must be met. If a recipient's disability changes and the original equipment no longer addresses the recipient's needs, s/he may file a new application for different equipment at any time (e.g. even sooner than three years). The replacement policy also allows replacement in the event of theft or loss due to fire or other disaster.

17. Any Procedural Changes or Updates:

The 2017 Poverty Guidelines were published in the Federal Register In late January, 2017, and posted on the HHS website: <https://aspe.hhs.gov/poverty-guidelines>. The TDDP application was revised to reflect this change, and beginning January 31, 2017; these guidelines are used to determine TDDP financial eligibility.

18. A Copy of Any Audit(s):

No information is available at this time.

19. Any Additional Pertinent Information or Comments:

Work Items to be addressed through June 30, 2017:

- Continue to provide program updates and other relevant information through the Volunteer Center listserv.
- *Continue outreach activities, including underserved populations.*
- Continue consumer education activities, including but not limited to provision of supports to device recipients who need additional assistance to use their equipment.
- Continue to provide technical assistance and support to new and existing Assistive Technology Resource Centers.
- Continue to recruit Volunteer Centers.
- Complete Phase-Two Wireless Expansion Pilot

Items accomplished by PIAT, Institute on Disabilities from July 1, 2016 to December 31, 2016:

- Contracted with 8 Assistive Technology Resource Centers (ATRCs), responsible for the provision of outreach, consumer education, and consumer support in their respective regions.
- Carved out 3 counties from each of 2 existing ATRC regions to create a new, rural ATRC region to be served by Life and Independence for Today (LIFT).
- Issued competitive TDDP Consumer Education and Outreach RFP for the region comprised of Berks, Carbon, Lehigh, Luzerne, Monroe, Northampton and Schuylkill counties; reviewed proposals and awarded contract to The Arc of Luzerne County.
- Obtained contract extensions with vendors.
- Promoted TDDP at a total of forty-one (41) outreach events, reaching approximately 4307 people.
- Completed Phase One of Wireless Expansion Pilot
- Mailings containing TDDP information were sent to organizations and professionals, including but not limited to: state legislators, senior centers, veterans' organizations, community organizations, and churches. These mailings reached approximately 150,022 people.
- Social media posts about TDDP reached an estimated 5,792 people.
- Fourteen (14) TDDP consumers requested and received assistance with equipment they received from the program.
- Revised and distributed updated applications, reflecting current Federal poverty guidelines and changes to the equipment list.
- Updated website to reflect current financial eligibility, new equipment, and listing of Volunteer Centers.
- Prepared and submitted annual report to OVR, for submission to the General Assembly.
- Attended Assistive Technology Advisory Council and TRS Board Meetings; attended TEDPA annual conference.

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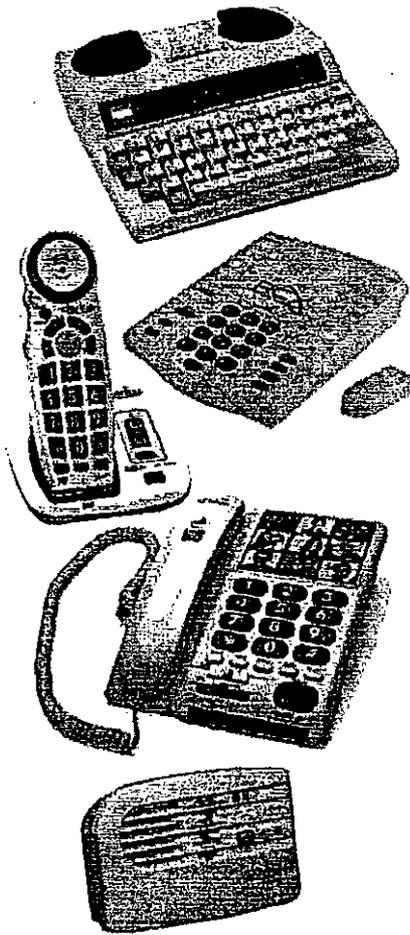
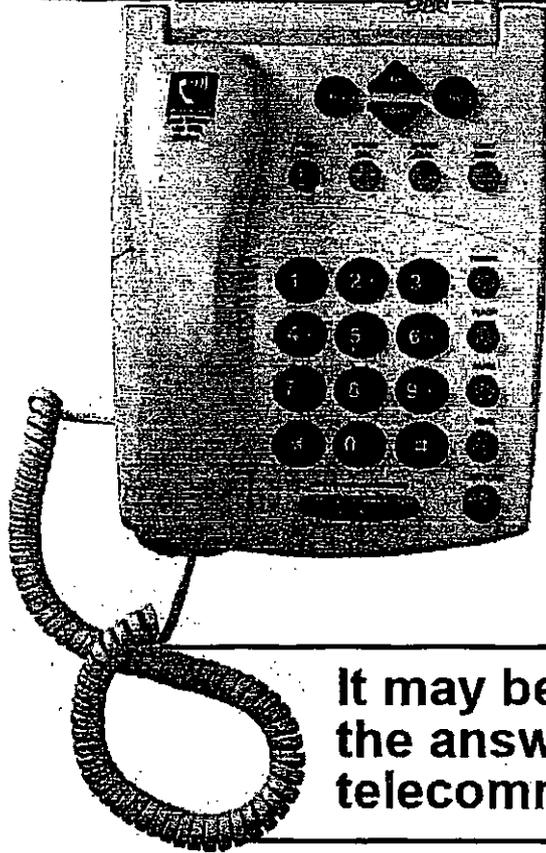
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

ATTACHMENT A

TDDP-Equipment Ordered January - December 2016

Device Name	Unit Price	Total Equipment Ordered	Value of Equipment Ordered
Clarity Alto Amplified Phone	\$115.00	29	\$3,335.00
Clarity AltoPlus Amplified Phone	\$125.00	40	\$5,000.00
Serene Innovations HD-40P Amplified Photo Phone w/speakerphone	\$40.00	9	\$360.00
Serene Innovations HD-60J Amplified Large Button Phone	\$85.00	12	\$1,020.00
Clarity BT914 Amplified Cordless Phone /w Bluetooth	\$98.00	1	\$98.00
Clarity XLC2 Amplified Cordless Phone	\$92.00	27	\$2,484.00
Serene Innovations CL-60A Amplified Cordless	\$113.90	95	\$10,820.50
CapTel 840 Captioned Telephone	\$90.25	50	\$4,512.50
CapTel 840i Captioned Telephone	\$ 90.25	6	\$541.50
CapTel 880i Captioned Telephone	\$ 90.25	8	\$722.00
CapTel 2400i (Touch Screen) Captioned Telephone	\$ 90.25	14	\$1,263.50
Ameriphone JV35 Talking Telephone	\$80.00	19	\$1,520.00
Geemarc BDP400 Talking Telephone w/large display	\$130.68	10	\$1,306.80
Ablephone 5000 Voice Activated Dialer	\$175.00	10	\$1,750.00
Headset /w Microphone	\$65.00	2	\$130.00
Lapel Microphone	\$45.00	5	\$225.00
Serene Innovations RCx1000 Remote Hands-Free Telephone	\$425.00	11	\$4,675.00
Reizen Big Button Speakerphone	\$25.00	10	\$250.00
Ultratec TTY Superprint 4425	\$350.00	4	\$1,400.00
Ultratec Uniphone 1140 VCO/TTY	\$210.00	2	\$420.00
Ameriphone Hearing Carryover TTY Q90D w/speakers	\$100.00	1	\$100.00
Crystal Tone Loud Ring Signaler*	\$35.00	9	\$315.00

TDDP
Pennsylvania's
Telecommunication
Device Distribution
Program
Application Packet



**It may be
the answer to your
telecommunication needs.**

TDDP is implemented by Pennsylvania's Initiative on Assistive Technology (PIAT), a program of the Institute on Disabilities at Temple University, in conjunction with the PA Office of Vocational Rehabilitation (OVR) and the PA Public Utility Commission (PUC).
rvsd. Jan.31, 2017

PENNSYLVANIA'S INITIATIVE
PIAT
ON ASSISTIVE TECHNOLOGY

TEMPLE
UNIVERSITY
Institute on Disabilities

TDDP Application Form

Your eligibility will be determined when you have submitted a completed application and all documentation. To avoid delay, please type or print clearly and make sure all sections of the application have been completed. If questions do not pertain to you, write "N/A" in the space provided.

STOP!	<p>We strongly encourage you to try equipment first.</p> <p>Have you had a phone demonstration or borrowed a phone to try?</p> <p>You CANNOT exchange TDDP equipment after you receive it.</p>	STOP!
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Please contact your Assistive Technology Resource Center (ATRC) (see ATRC list) to schedule an equipment demonstration or to request a short-term loan.

Please check one: YES. I will call to schedule an equipment demonstration or loan.
 NO. I do not want an equipment demonstration or loan. I acknowledge that TDDP has a no exchange policy and I WILL NOT BE ABLE TO EXCHANGE EQUIPMENT I receive from TDDP.

DO NOT SEND IN YOUR APPLICATION UNTIL YOU HAVE DECIDED ON EQUIPMENT THAT WILL MEET YOUR NEEDS.

SECTION 1: APPLICANT EQUIPMENT INFORMATION

Do you already own telecommunication equipment like what you are requesting from TDDP?
 YES NO
 If YES, please check the correct answer below (**IMPORTANT**: If you have working equipment that meets your needs you are not eligible for the program.)
 My equipment is broken or only works sometimes is borrowed does not meet my needs

SECTION 2: APPLICANT INFORMATION

APPLICANT

Last name	First name	Middle Initial
Date of birth (month/day/year)		
Street address IMPORTANT : No deliveries to PO Box; you must provide a street address.		
City	State	Zip
County (e.g. Allegheny, Snyder)		
Name of person assisting applicant with this application, if any and their relationship to you.		
Phone	Email	
Name of parent or guardian (for applicant under age 18)		Phone

APPLICANT ANNUAL INCOME AND FAMILY MEMBERS

Applicant's gross annual income only, including Social Security and/or pension income if applicable and excluding family/household income. If applicant has no income, please write NONE.	\$
Number of family members (excluding applicant)	
Applicant counted as family member	+ 1
Total members in family unit (including applicant)	=

OTHER APPLICANT INFORMATION

My primary reason for using the TDDP is (check one):
 I cannot afford equipment Equipment is available to me only through TDDP
 I could use other programs, but the system is too complex and the wait is too long

OPTIONAL Race: Caucasian African-American Asian Latino
 Other (specify) _____ Prefer not to answer
 OPTIONAL Gender: Male Female

Please tell us how you heard about the TDDP: friend/relative support person web
 brochure/flyer presentation/exhibit by _____ other (specify) _____

APPLICANT'S STATEMENT AND SIGNATURE

IMPORTANT: Submit application no later than 30 days after you have signed and dated it.

I certify that all information provided on this application is true, complete and correct.
 I understand that if I purposely provide false information I may be subjected to legal action. Program officials have my permission to verify the information provided. I certify that I have read, understand and accept all conditions set forth in this application and have the ability to learn to use the equipment I selected.

Applicant signature	Date
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Parent or legal guardian signature	Date
------------------------------------	------

SECTION 3: CERTIFICATION OF DISABILITY BY PROFESSIONAL

IMPORTANT: This section must be completed by a licensed physician, audiologist, or speech-language pathologist, or a representative of a qualified agency, such as an Office of Vocational Rehabilitation (OVR) Counselor, or Department of Human Services (DHS) Case Worker. Complete all lines in this section.

ABOUT THE APPLICANT

Last name	First name	Middle initial
-----------	------------	----------------

Check the type of disability being certified
 cognitive deaf deaf blind hard of hearing low vision/blind physical speech
 I am a: licensed audiologist licensed speech-language pathologist licensed physician
 representative of a qualified state agency

CERTIFYING PROFESSIONAL

Full Name	Title
-----------	-------

Agency	PA Professional License Number (if applicable)
--------	--

Phone	Fax	Email
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I certify that the applicant named above has the disability indicated, and that s/he requires technology to independently access telecommunications services.

Signature of professional	Date
---------------------------	------

**COMMONWEALTH OF PENNSYLVANIA'S
TELECOMMUNICATION DEVICE DISTRIBUTION PROGRAM**

The Telecommunication Device Distribution Program (TDDP) established by Act 34-1995 and amended by Act 181-2002 provides telecommunication devices to qualified applicants. These devices enable eligible individuals with disabilities to access telephone services independently. To be eligible, individuals must complete this application and meet all criteria listed below.

Criteria

<p>■ Person with a disability A person with a disability or disabilities that prevents him/her from making or receiving telephone calls independently. Disability must be certified on the application by a qualified professional.</p> <p>■ Income limits Applicant's gross income of 200% or less of federal poverty guidelines (not including family/household income).</p>	<p>■ Age Six (6) years or older.</p> <p>■ Residence A resident of Pennsylvania.</p> <p>■ Resources Must have existing landline telephone service and be able to learn how to use the requested device(s).</p> <p>■ Information will be kept confidential Except as required by law.</p> <p>■ Equipment ownership and responsibility Your equipment selection is FINAL and equipment <u>cannot be exchanged</u>. Equipment will be delivered to your home. It then becomes YOUR PROPERTY and YOUR RESPONSIBILITY.</p> <p>NOTE: There is a Limited Manufacturer Defect Warranty on all equipment obtained through this program. If your equipment is defective or if it stops working, it will be your responsibility to contact the equipment vendor for warranty repair. Repairs for damages due to abuse or neglect are not covered under any warranty and are YOUR RESPONSIBILITY. Stolen equipment can only be replaced upon receipt of a copy of the police report of the theft.</p>
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FINANCIAL ELIGIBILITY CRITERIA GUIDELINES (as of January 31, 2017)	
size of family unit	GROSS INCOME (200% of federal poverty guidelines)
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

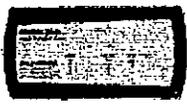
IMPORTANT

Make a copy of your completed application for your records.
Send completed ORIGINAL application (including Equipment Selection sheet and copies of required documentation) to TDDP at the address listed on the front of the application.

If you need help completing this application, or need it in an alternate format, please contact us.
PHONE: 800-204-7428 voice / 866-268-0579 TTY / FAX: 215-204-6336 / EMAIL: tddp@temple.edu

TDDP Equipment Selection (as of Jan. 31, 2017)

You must submit your equipment selection with your application.

CATEGORY A: Select only ONE device below that best fits your needs			
<input type="checkbox"/> Amplified Phone Clarity Alto 	<input type="checkbox"/> Amplified Phone Clarity Alto Plus (for severe hearing loss) 	<input type="checkbox"/> Amplified Phone Serene Innovations HD-60J 	<input type="checkbox"/> Amplified Phone Clarity XLCZ (cordless) 
<input type="checkbox"/> Amplified Bluetooth Phone with digital answering machine Clarity BT914 (cordless) 	<input type="checkbox"/> Amplified Photo Phone Serene Innovations HD-40P 	<input type="checkbox"/> Amplified Phone with answering machine (cordless) Serene Innovations CL-60A 	<input type="checkbox"/> Amplified Talking Phone Ameriphone Dialogue JV35 
<input type="checkbox"/> Captioned Phone CapTel 840 (NOT compatible with digital phone lines) 	<input type="checkbox"/> Captioned Phone CapTel 840i (high speed internet needed) 	<input type="checkbox"/> Captioned Telephone with touch screen display CapTel 2400i (high speed internet needed) 	<input type="checkbox"/> Captioned Phone with large display CapTel 880i (high speed internet needed) 
<input type="checkbox"/> Remote Control Hands-free Speakerphone Serene Innovations RCx1000 Optional: (pick one) <input type="checkbox"/> Lapel Microphone <input type="checkbox"/> Headset with Microphone *switch available by recommendation 	<input type="checkbox"/> Talking Phone with large display Geomarc BDP400 	<input type="checkbox"/> In-line Handset Amplifier Ameriphone 	<input type="checkbox"/> Voice Activated Dialer AblePhone 5000 
<input type="checkbox"/> Big Button Speakerphone Reizen 	<input type="checkbox"/> TTY Superprint 4425 	<input type="checkbox"/> TTY/HCONCO Phone Uniphone 1140 	
CATEGORY B: Select only ONE signaler below.			
<input type="checkbox"/> Loud Ring Signaler ClearSounds CR200 	<input type="checkbox"/> Flashing Light Signaler Sonic Alert 	<input type="checkbox"/> Vibrating Signaler OmniPage Kit (receiver shown) 	<input type="checkbox"/> NONE (No signaling device from CATEGORY B is needed.)

For detailed information about these products, go to www.disabilities.temple.edu/tddp
 If none of the listed equipment will meet your needs, please contact the TDDP:
 PHONE: 800-204-7428 voice / 866-268-0579 TTY / EMAIL: tddp@temple.edu

FINAL CHECKLIST

Read this list and check the boxes to ensure your application is complete.

<input type="checkbox"/>	Complete Applicant Equipment Information (Section 1).
<input type="checkbox"/>	Answer all of the Applicant Information and sign the Applicant's Statement (Section 2).
<input type="checkbox"/>	Have the Certification of Disability (Section 3) completed and signed by a qualified professional: physician, audiologist, speech pathologist, or representative of a qualified state agency (e.g. Office of Vocational Rehabilitation Counselor, or Department of Human Services Case Worker).
<input type="checkbox"/>	Submit photocopies (originals cannot be returned) of documents with the following information: 1. Proof of applicant's (including minors) residence in Pennsylvania. Submit ONE of the following: copy of <u>current</u> driver's license, non-driver I.D., utility bill, dated Social Security correspondence, copies of W-2's, school report card, or other documentation pre-printed with the applicant's name and current street address. 2. Proof of applicant's income. Submit a copy of each item of the <u>current</u> tax year that applies to you: Income statements including W-2's, 1099s or award letters for retirement and/or Social Security income. If you do not have a copy of your Social Security income statement you can call 1-800-772-1213 and request a "Benefits Verification Letter". Bank statements, pay stubs or checks cannot be accepted. If applicant has no income write "NONE". Note: if the applicant is a minor child, income requirements are based on the child's income only, not family or household income. 3. Proof of telephone service. Submit a copy of ONE page of your most recent telephone bill with your telephone number appearing on it. If phone service is shared in a residential facility, submit a statement about your access to phone service on facility letterhead signed by the Administrator or Social Worker and include the applicant's name and phone number.
<input type="checkbox"/>	Select ONE piece of equipment and/or ONE signaler that is right for you on the Equipment Selection sheet.
<input type="checkbox"/>	Make and keep a photocopy of your completed application (including Equipment Selection sheet) for your records.
<input type="checkbox"/>	Detach and return your completed application. Send the completed ORIGINAL application (including Equipment Selection sheet and copies of required documentation) to TDDP at the address below.

RETURN COMPLETED APPLICATION TO:

TDDP Program Coordinator
 Institute on Disabilities
 at Temple University
 1755 N. 13th Street
 Student Center Room 411 S
 Philadelphia, PA 19122

FOR MORE INFORMATION:

Phone: 800-204-7428 voice
 866-268-0579 TTY
 Fax: 215-204-6336
 Email: tddp@temple.edu
www.disabilities.temple.edu/tddp

Pennsylvania's Telecommunication Device Distribution Program (TDDP) Wireless Pilot Program Application Form

September 2016

Phone: 800-204-7428 (Voice) / 866-268-0597 (TTY) Email: tddp@temple.edu

The Pennsylvania Telecommunication Device Distribution Program (TDDP), a program of the Institute on Disabilities at Temple University provides telecommunications devices to low-income Pennsylvanians with disabilities who need this technology to access the telephone or the Internet. TDDP is beginning a pilot study to give out wireless devices to eligible individuals. This study involves research. The purpose of the research is to work with individuals with disabilities to see how they use wireless technology and to see if we should recommend to the Pennsylvania Public Utility Commission that the program should be permanent.

What you should know about a research study:

Someone will explain this research study to you at each step of the process.

- You volunteer to be in a research study.
- Whether you take part is up to you.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Feel free to ask all the questions you want before and after you decide.

If you are eligible, are selected and agree to participate, you will receive a device that matches your telecommunication needs. Please note the program only provides the device and does not pay for telephone service. You will need to participate in several meetings to help us learn how the technology helps you. If you participate in all the meetings and answer all questionnaires about how you use the device, you will be able to keep the device when the study ends in one year.

SECTION 1: Applicant Equipment Information

Please print clearly.

The Wireless Pilot Program will match eligible applicants to wireless telecommunication equipment (iPad®, iPadMini®, iPod Touch®, iPhone®, Jitterbug, Sesame).

1. Do you already own one of these devices? Yes No

If yes, which device? _____

If yes, please check one answer below: My equipment

is broken or only works sometimes

is borrowed

does not meet my needs because: _____

2. Have you received equipment from TDDP in the past 3 years? Yes No

IMPORTANT: If you have working equipment that meets your needs or you have received equipment from TDDP in the past 3 years, you will not be eligible for the program at this time.

SECTION 2: Applicant Information (please print or type)

1. Applicant

Last Name _____

First Name/Middle Initial _____

Date of Birth (Month/ Day/Year) _____

Street Address _____

City /State/Zip _____

County _____

Phone _____ Email _____

Person assisting applicant with this application, if any:

Name _____

Relationship to applicant _____

Phone _____

Email _____

2. Name of parent or guardian (for applicants under 18 years old)

Name of person completing application _____

Relationship to applicant _____

Email _____

Phone _____

3. Annual Income

Applicant's gross income only, including Social Security and/or pension income if applicable. Do not include family/household income. If applicant has no income, please write NONE. (If the applicant has income, documentation of income must be submitted with this application.)

4. Total number of members in family unit (including applicant)

Applicant: 1

Number of other family members: + _____

Total members in family unit: = _____

5. My primary reason for using the TDDP is (check one):

- I cannot afford equipment
- Equipment is available to me only through TDDP
- I could get the device paid for through other programs, but the system is too complex and the wait is too long.

6. These questions are optional (for reporting purposes only)

Race:

- Caucasian
- African-American
- Asian
- Latino
- Other (specify) _____

7. Please tell us how you heard about the Wireless Pilot.

- Friend
- Family member
- Service provider
- Social media
- Email
- Other (specify) _____

SECTION 3: Certification of Disability

This section must be completed by a licensed physician, audiologist, or speech-language pathologist acting within the scope of his/her license, OR representative of a qualified agency, such as an Office of Vocational Rehabilitation (OVR) Counselor, Department of Human Services (DHS) or Social Security Administration Case Worker. Make sure all lines are completed and appropriate spaces are marked before submitting this application.

1. Applicant Last Name _____ **First Name** _____ **Middle Initial** _____

2. Check the Primary type of disability being certified.

- cognitive / intellectual
- deaf
- hard of hearing
- low vision
- blind
- speech
- physical

Applicant also has difficulty with: _____

2. I am a

- licensed audiologist
- licensed speech-language pathologist
- licensed physician
- representative of a qualified state agency

3. Certifying Professional

Name _____ Title _____

Agency _____

PA Professional License Number (if applicable) _____

Phone _____ Fax _____

Email _____

I certify that the applicant named has the disability indicated, and that s/he requires technology to independently access telecommunications services.

Signature of professional _____ Date _____

SECTION 4: WI-FI Access and Technology

1. Do you currently have access to internet with Wi-Fi? Yes No

If yes, how far away is your Wi-Fi Internet access?

- In my home
- within 1 mile of home
- within 5 miles of home
- within 10 miles of home
- more than 10 miles from home

2. Are you currently included in a family cellular plan that includes data?

Yes No

If no, are you able to obtain a cellular plan that includes data? Yes No

3. Have you ever used an iPad®, iPadMini®, iPod Touch®, iPhone®, or other mobile device? Yes No

4. Do you currently use any of the following types of technology (check all that apply):

- Hearing aid
- Hearing Aid with a Cochlear Implant
- Cochlear Implant
- Bone Anchored Hearing Aid
- Enlargement Software
- Screen Reading Software
- Speech generating device: Name of Device _____
- Relay (IP, VRS, TTY)
- Other (List) _____

If you are a hearing aid user or cochlear implant user, do you have t-coil in your hearing device that is turned on and programmed? Yes No I don't know

SECTION 5: Communication

1. How do you currently communicate? (check all that apply)

- Oral/Spoken English
- Oral/Spoken other language (specify) _____
- ASL
- Other Sign System (specify) _____
- Speech generating device: Name of Device _____
- Primarily by writing (paper and pencil)

SECTION 6: Applicant statement, signature and information release

I certify that all information provided on this application is true, complete, and correct. I understand that if I purposely provide false information, TDDP may require return of equipment and shall declare the individual ineligible for future equipment from TDDP. I hereby certify that I have read, understand and can accept all conditions set forth in the application and have the ability to learn to use the equipment selected.

Applicant Signature (required) _____

Date _____

Parent or legal guardian Signature
(for applicant under age 18) _____

Mail completed and signed application and supporting documents to:

ATTN: Shenice Evans
TDDP/Institute on Disabilities at Temple University
1755 N. 13th Street
Student Center, Room 411 South
Philadelphia, PA 19122

Fax: transmit completed and signed application and supporting documents to
(215) 204-6336. Please use a fax cover sheet and indicate ATTN: Shenice Evans

WIRELESS PILOT APPLICATION CHECKLIST

Read this list and check the boxes to ensure your application is complete.

- Complete ALL sections of the application.
- Have the Certification of Disability (Section 3) completed and signed by a licensed/qualified professional physician, audiologist, speech pathologist) or representative of a qualified state agency (e.g. Office of Vocational Rehabilitation Counselor, Department of Human Services worker)

Along with the application, submit copies (DO NOT send originals – they cannot be returned) of the following documentation:

- Proof of applicant's (including minor's) residence in Pennsylvania.**
Submit ONE of the following: copy of current driver's license, non-driver I.D., utility bill, dated Social Security correspondence, copies of W-2's, school report card, or other documentation pre-printed with the applicant's name and current street address.
- Proof of applicant's income. Submit a copy of each item that applies:**
Current income statements including W-2's, 1099s or award letters for retirement and/or Social Security income. (For security purposes, please blackout any places that have your actual social security number.) If you do not have a copy of your Social Security income statement you can call 1-800-772-1213 and request a "Benefits Verification Letter". Bank statements, pay stubs or checks cannot be accepted. If applicant has no income write "NONE". Note: If the applicant is a minor child, income requirements are based on the child's income only, not family or household income.
- Sign the applicant's statement, signature and information release (Section 6).
- Make and keep a copy of your completed application for your records.
- Mail or fax the completed, signed application (including copies of required documentation) to Shenice Evans at TDDP.

NFB-NEWSLINE Pennsylvania Approved Budget

Updated: 03/13/17

2.7 PERIOD OF PERFORMANCE

This agreement is for a period of 12 months beginning July 1, 2017, and ending June 30, 2018.

2.8 FEES

NFB-NEWSLINE® annual service fee for July 1, 2017 - June 30, 2018: \$44,000

The Newspapers included with the annual service fee are:

- *Philadelphia Inquirer*: Knight Ridder paper
- *Philadelphia Daily News*: Knight Ridder paper
- *Centre Daily Times*: Knight Ridder paper
- *Wilkes-Barre Times Leader*: Knight Ridder paper
- *Hanover Evening Sun*: Media News Group paper
- *Lebanon Daily News*: Media News Group paper
- *York Dispatch*: Media News Group paper
- *LNP Lancaster Always Online*: Base paper
- *Patriot News*: Base paper

Annual newspaper maintenance and distribution fee: \$70,000 (July 1, 2017 - June 30, 2018).

This includes fourteen newspapers at \$5,000 each.

1. *Allentown Morning Call*
2. *Altoona Mirror*
3. *Bucks County Courier Times*
4. *Butler Eagle*
5. *Citizens Voice*
6. *Daily American*

7. *Erie Times News*
8. *Pittsburgh Post-Gazette*
9. *Pittsburgh Tribune Review*
10. *Pocono Record*
11. *Reading Eagle*
12. *Times Tribune*
13. *Williamsport Sun Gazette*
14. Maintenance and distribution of a Pennsylvania newspaper added 2016/2017 (TBD)

Annual setup, maintenance, and distribution of new newspapers fee:

\$20,000 (July 1, 2017 - June 30, 2018)

This anticipates adding two publications at \$10,000 each.

Marketing and Outreach:

\$30,000 (July 1, 2017 through June 30, 2018).

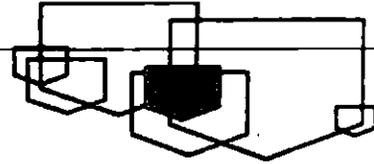
Marketing and Outreach tasks will consist of the following: subscriber registration and follow-up, including the distribution of materials needed for instruction for new subscribers in print, Braille, or audio format; distribution of brochures and other promotional materials at community events and exhibits; and the staffing of a help desk to answer calls from subscribers and those requesting NFB-NEWSLINE® information and materials. Additionally, administration of the state specific channel for Pennsylvania and posting of items of interest to the blindness community in the commonwealth will be included in this fee.

1-year Telecommunications subscription fee: \$14,801 (July 1, 2017 - June 30, 2018).

A pro-rated fee assessed to all states for this contract period for NFB-NEWSLINE® telecommunications service.

Total budget: \$178,801 (July 1, 2017 - June 30, 2018)

Authorized Signature Form



Account/Plan Name: Pennsylvania Telecommunication Relay Service Fund
Telecommunications Device Distribution Program Account No. 152 502 6942

Account Principal/Plan Sponsor Name: Pennsylvania Public Utility Commission

In accordance with the provisions of the above referenced account, the following people are authorized on behalf of the Plan/Account to direct U.S. Bank, N.A. to take action with regard to this account and hereby authorize and direct U.S. Bank, N.A. to act on directives signed by:

Name: David J DeNotaris

Title and Agency: Executive Director, BVR

Signature: David J DeNotaris

Name: Chia S. Feinstein

Title and Agency: Executive Director, Institute on Disabilities
Temple University

Signature: Chia S. Feinstein

Name: Ryan Hyde

Title and Agency: Director - BCD

Signature: Ryan Hyde

Name: Joe Strechay

Title and Agency: Director - BIBVS

Signature: MA [Signature]

Authorized by:

I hereby acknowledge and represent that I am authorized on behalf of the Plan/Account to provide this authorized signature form to U.S. Bank, N.A. This form shall remain in effect until it is changed or revoked in writing by the Plan/Account. Any change or revocation of this form shall be effective upon U.S. Bank's receipt of such written notice.

Name: Robert C. Gramola

Signature: _____

Title: Director of Administration, PUC

Date Signed: _____

