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SECRETARY'S BUREAU
FRONT DESK

March 26, 2018

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

RE: **Docket Number M-2018-2640814**

OVR Submission of 2018-2019 program budgets

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

Dear Ms. Chiavetta:

Enclosed is the TDDP and PMASP 2018-2019 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 Howard Albrecht at halbrecht@pa.gov or 717-783-3882.

Sincerely,

A handwritten signature in black ink that reads "David DeNotaris". The signature is written in a cursive, flowing style.

David DeNotaris
Executive Director

KJM/fk

Cc: Eric Jeschke, PUC
Jill Moriconi, HGAC
Joseph Strechay, BBVS
Stan Swaintek, BBVS
Susan Neff, BBVS
NEWSLINE LOU File 2017-2018
Temple University TDDP File-Year III (Document# 4000019493)

TELECOMMUNICATION DEVICE DISTRIBUTION PROGRAM
Budget Filing Information Requirement: File Items 1 – 3
Docket Number # M-2018-2640814

FILE ITEMS:

1 – 2 BUDGET ESTIMATE – JULY 1, 2018 TO JUNE 30, 2019 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	15	\$115.00	\$1,725.00
Clarity AltoPlus Amplified Phone	25	\$125.00	\$3,125.00
Serene Innovations HD-40P Amplified Photo Phone w/speakerphone	15	\$40.00	\$600.00
Serene Innovations HD-60J Amplified Large Button Phone	20	\$85.00	\$1,700.00
Clarity XLC2 Amplified Cordless Phone	20	\$92.00	\$1,840.00
Clarity BT914 Amplified Cordless Bluetooth Phone	10	\$98.00	\$980.00
Serene Innovations CL-60A Amplified Cordless	150	\$113.90	\$17,085.00
CapTel 840 Captioned Telephone	75	\$90.25	\$6,768.75
CapTel 840 Plus Captioned Telephone	50	\$90.25	\$4,512.50
CapTel 840i Captioned Telephone	75	\$ 90.25	\$6,768.75
Captel 880i Captioned Telephone	20	\$ 90.25	\$1,805.00
CapTel 2400i (Touch Screen) Captioned Telephone	20	\$ 90.25	\$1,805.00
Ameriphone JV35 Talking Telephone	15	\$80.00	\$1,200.00
Geemarc BDP400 Talking Telephone w/large display	30	\$130.68	\$3,920.40
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	15	\$25.00	\$375.00
Ultratec TTY Superprint 4425	10	\$350.00	\$3,500.00
Ultratec Uniphone 1140 VCO/TTY	10	\$210.00	\$2,100.00
Ameriphone HA-40 In-Line Handset Amplifier	5	\$15.00	\$75.00

Device Name	Projected Units	Unit Price	Projected Total
Clearsounds CR200 Ringer	35	\$39.00	\$1,365.00
Sonic Alert TR75VR Flashing light signaler	30	\$30.00	\$900.00
Omni-Page Vibrating Signaler Kit	15	\$125.00	\$1,875.00
Equipment approved through exceptions process (estimated)			\$10,000.00
GRAND TOTAL			\$86,400.40

**1. – 2. BUDGET ESTIMATE FOR CONSUMER EDUCATION:
JULY 1, 2018 – JUNE 30, 2019**

Equipment	\$86,400.40
Consumer Education and Outreach	\$186,517.00
Total of Budget Estimate (2018-2019)	\$272,917.40

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 840 Plus 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

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.

Delivery Method:

- Equipment is sent directly to customer from manufacturer/vendor.

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 **1/1/17 through 12/31/17:**
 Total number of eligible applications: **283**
 Total number of equipment devices issued: **287**
 Total number of device recipients: **238**
 Total dollar value of devices issued: **\$31,120.12**
 Total number of inquiries responded to: **1,096**
- Age categories of device recipients: (1/1/17-12/31/17):
 Under 65: **32**
 65 and over: **206**
- Race categories of applicants (1/1/17-12/31/17):
 African-American: **21**
 Caucasian: **256**
 Latino: **5**
 Asian: **1**
 Other: **0**
 No response: **0**

Counties (49/67) of device recipients for the period of 1/1/2017 to 12/31/2017:

County	Recipients	County	Recipients
Adams	3	Lackawanna	14
Allegheny	36	Lancaster	2
Armstrong	0	Lawrence	3
Beaver	2	Lebanon	2
Bedford	1	Lehigh	0
Berks	6	Luzerne	4
Blair	9	Lycoming	4
Bradford	2	McKean	1
Bucks	7	Mercer	1
Butler	0	Mifflin	7
Cambria	6	Monroe	2
Cameron	0	Montgomery	5
Carbon	0	Montour	0
Centre	5	Northampton	3
Chester	5	Northumberland	1
Clarion	4	Perry	1
Clearfield	12	Philadelphia	8
Clinton	2	Pike	0
Columbia	4	Potter	0
Crawford	0	Schuylkill	2
Cumberland	6	Snyder	0
Dauphin	10	Somerset	3
Delaware	2	Sullivan	0
Elk	5	Susquehanna	0
Erie	8	Tioga	0
Fayette	4	Union	0
Forest	0	Venango	1
Franklin	2	Warren	0
Fulton	2	Washington	7
Greene	1	Wayne	1
Huntingdon	8	Westmoreland	1
Indiana	0	Wyoming	3
Jefferson	2	York	7
Juniata	0	Total	237

Budget Filing Information Requirements: File Items 4 – 19

Docket Number # M-2018-2640814

FILE ITEMS:

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

During the period of January 1, 2017– December 31, 2017, 287 pieces of equipment were distributed. (See Attachment A for itemized listing)

Actual cost of equipment distributed: **\$31,120.12**

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.**

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 2018 Poverty Guidelines were published in the Federal Register in early January 13, 2018, and posted on the HHS website: <https://aspe.hhs.gov/poverty-guidelines>. Revised the TDDP application to reflect this change, and beginning February 1, 2018, 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, 2018:

- Provide additional information regarding the Wireless Pilot to the PUC upon request.
- Continue to provide program updates and other relevant information through the Volunteer Center listserv.
- Continue outreach activities, including underserved populations.
- Revise and distribute updated applications, reflecting current Federal poverty guidelines and changes to the equipment list.
- Update website to reflect current financial eligibility, new equipment, and listing of Volunteer Centers.
- 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 recruit Volunteer Centers.
- Distribute Consumer Education and Outreach RFPs to Assistive Technology Resource Centers.

Items accomplished by PIAT, Institute on Disabilities from July 1, 2017 to December 31, 2017:

- Contracted with 8 Assistive Technology Resource Centers, responsible for the provision of outreach, consumer education, and consumer support in their respective regions.
- Obtained contract extensions with equipment vendors.
- Promoted TDDP at a total of thirty-four (34) outreach events, reaching approximately 4,758 people.
- Sent mailings containing TDDP information to organizations and professionals, including but not limited to: state legislators, senior centers, veterans' organizations, community organizations, and churches. These mailings reached approximately 10,409 people.
- Press releases containing TDDP information reached approximately 10,000 people.
- Posted TDDP information to social media (Facebook), reaching an estimated 2,824 people.
- Thirteen (13) TDDP consumers requested and received assistance with equipment they received from the program.
- Prepared and submitted annual report to OVR, for submission to the General Assembly.
- Completed Wireless Pilot and submitted final report to OVR and the PUC.
- Attended Assistive Technology Advisory Committee and TRS Board meetings. Staff also attended annual conference of the Telecommunications Equipment Distribution Program Association (TEDPA).

ATTACHMENT A

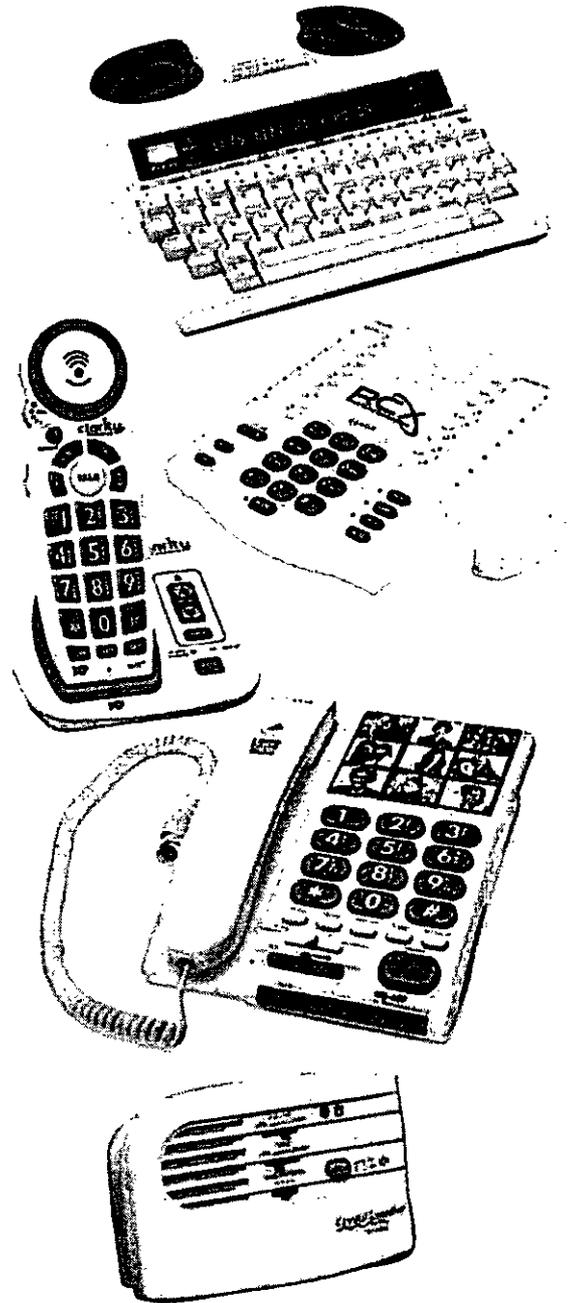
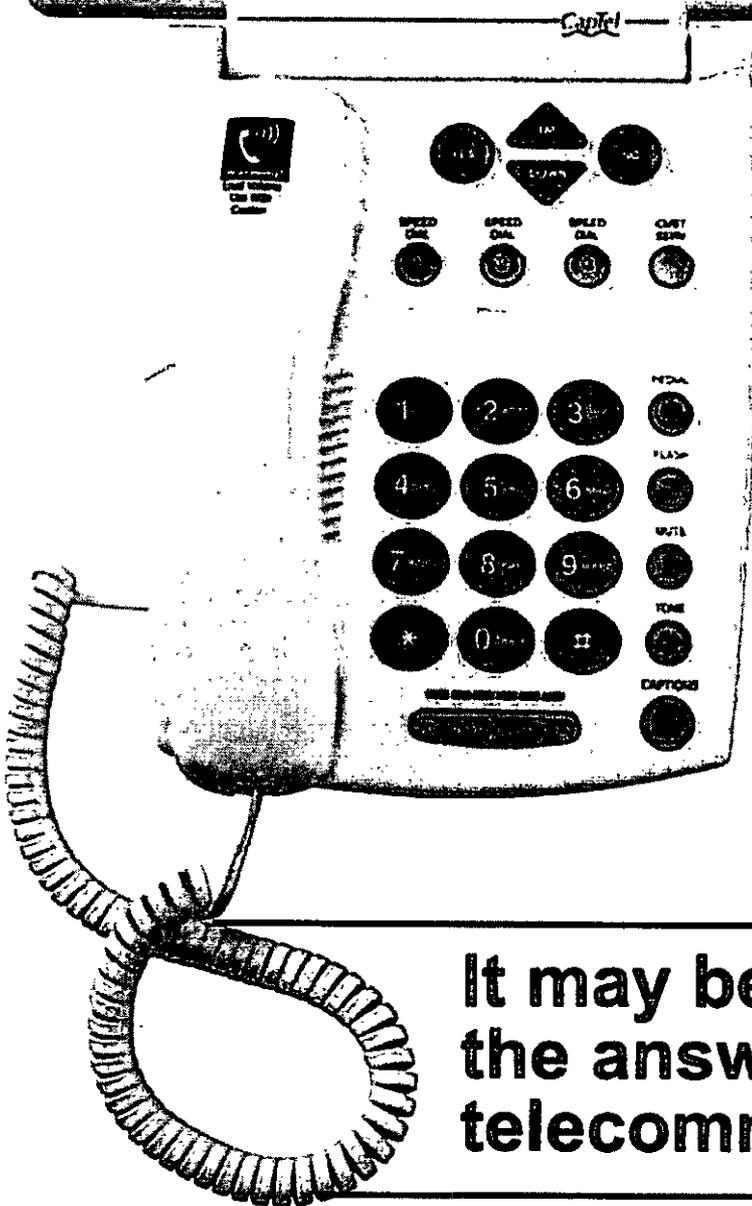
TDDP-Equipment Ordered January - December 2017			
Device Name	Unit Price	Total Equipment Ordered	Value of Equipment Ordered
Clarity Alto Amplified Phone	\$115.00	13	\$1,495.00
Clarity AltoPlus Amplified Phone	\$125.00	20	\$2,500.00
Serene Innovations HD-40P Amplified Photo Phone w/speakerphone	\$40.00	1	\$40.00
Serene Innovations HD-60J Amplified Large Button Phone	\$85.00	6	\$510.00
Clarity XLC2 Amplified Cordless Phone	\$92.00	20	\$1,840.00
Clarity BT914 Amplified Cordless Phone /w Bluetooth	\$98.00	4	\$392.00
Serene Innovations CL-60A Amplified Cordless	\$113.90	79	\$8,998.10
CapTel 840 Captioned Telephone	\$90.25	26	\$2,346.50
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	6	\$541.50
Ameriphone JV35 Talking Telephone	\$80.00	14	\$1,120.00
Geemarc BDP400 Talking Telephone w/large display	\$130.68	14	\$1,829.52
Ablephone 5000 Voice Activated Dialer	\$175.00	6	\$1,050.00
Headset /w Microphone	\$65.00	1	\$65.00
Lapel Microphone	\$45.00	1	\$45.00
Serene Innovations RCx1000 Remote Hands-Free Phone	\$425.00	5	\$2,125.00
Reizen Big Button Speakerphone	\$25.00	2	\$50.00
Ultratec TTY Superprint 4425	\$350.00	2	\$700.00
VCO TTY, Uniphone 1140	\$210.00	3	\$630.00
Ameriphone Hearing Carryover TTY Q90D w/speakers	\$100.00	1	\$100.00
Ameriphone HA-40 In-Line Handset Amplifier	\$15.00	0	\$0.00

Device Name	Unit Price	Total Equipment Ordered	Value of Equipment Ordered
Clearsounds CR200 Ringer	\$39.00	26	\$1,014.00
Sonic Alert TR75VR Flashing light signaler	\$30.00	14	\$420.00
Omni-Page Vibrating Signaler Kit	\$125.00	7	\$875.00
Exceptions Equipment			
GEWA TEL 200	\$1,135.00	1	\$1,135.00
iBox iPad Interface Device (connects to landline)	\$35.00	1	\$35.00
TOTALS		287	\$31,120.12

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. Feb.1, 2018

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.



We strongly encourage you to try equipment first.
Have you had a phone demonstration or borrowed a phone to try?
You CANNOT exchange TDDP equipment after you receive it.



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

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

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

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 tax year</u> 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

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

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.

Income limits

Applicant's gross income of 200% or less of federal poverty guidelines (not including family/household income).

**FINANCIAL ELIGIBILITY CRITERIA
GUIDELINES**
(as of February 1, 2018)

size of family unit	GROSS INCOME (200% of federal poverty guidelines)
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

Age

Six (6) years or older.

Residence

A resident of Pennsylvania.

Resources

Must have existing landline telephone service and be able to learn how to use the requested device(s).

Information will be kept confidential

Except as required by law.

Equipment ownership and responsibility

Your equipment selection is FINAL and equipment cannot be exchanged. Equipment will be delivered to your home. It then becomes YOUR PROPERTY and YOUR RESPONSIBILITY.

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.

IMPORTANT

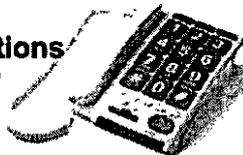
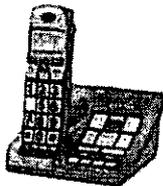
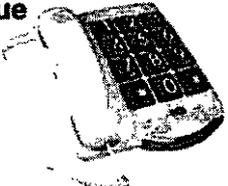
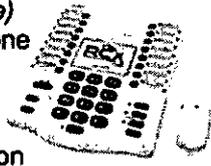
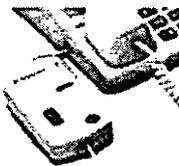
Make a copy of your completed application for your records. Send completed ORIGINAL application (including Equipment Selection sheet and copies of required documentation) to TDDP at the address listed on the front of the application.

**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 February 1, 2018)

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 XLC2 (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 Plus (compatible with analog 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 Geemarc 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/HCOMCO 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.)
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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

NFB-NEWSLINE® Pennsylvania Budget

Updated: 03/15/18

2.7 PERIOD OF PERFORMANCE

This agreement is for a period of 12 months beginning July 1, 2018, and ending June 30, 2019.

2.8 FEES

NFB-NEWSLINE annual service fee for July 1, 2018 - June 30, 2019: \$44,000

The ten Newspapers included with the annual service fee are:

1. *Centre Daily Times*
2. *Hanover Evening Sun*
3. *Intelligencer*
4. *Lebanon Daily News*
5. *LNP Lancaster Always Online*
6. *Patriot News*
7. *Philadelphia Daily News*
8. *Philadelphia Inquirer*
9. *Wilkes-Barre Times Leader*
10. *York Dispatch*

Annual newspaper maintenance and distribution fee: \$75,000 (July 1, 2018 - June 30, 2019).

This includes fifteen 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 2017/2018 (TBD)
15. Maintenance and distribution of a Pennsylvania newspaper added 2017/2018 (TBD)

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

\$20,000 (July 1, 2018 - June 30, 2019)

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

Marketing and Outreach:

\$30,000 (July 1, 2018 through June 30, 2019).

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: \$13,615 (July 1, 2018 - June 30, 2019).

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

Total budget: \$182,615 (July 1, 2018 - June 30, 2019)