

# Do you have trouble hearing on the telephone?



## Who is Florida Telecommunications Relay, Inc.?

Florida Telecommunications Relay, Inc. (FTRI) is a statewide non profit organization that provides special telephones for Hard of Hearing, Deaf, Deaf/Blind, and Speech Impaired Floridians. If you experience frustration using the phone, FTRI may have your solution!

## What is the Telephone Distribution Program?

This program loans special telephone equipment to Floridians who are Hard of Hearing, Deaf, Deaf/Blind, or Speech Impaired for as long as they need it. Using this phone equipment helps people communicate more easily.

## What equipment is loaned?

- Phones that amplify incoming sound
- Devices that alert you when the phone rings
- Captioned telephones
- Telecommunications Devices for the Deaf (TDD/TTY)
- Braille TTY for Deaf/Blind individuals
- Phones that amplify outgoing speech

## How much does this service cost?

The phones and ringers are loaned on a long-term basis **at no charge**. A surcharge on all landline phones in Florida pays for the FTRI program.

## Who is eligible?

- Permanent Florida Residents
- Age 3 or older
- Certified as Hard of Hearing, Deaf, Deaf/Blind or Speech Impaired

## How do I receive a telephone at no cost?

Complete an FTRI Application, have it signed by an approved certifier, and either mail it in or visit a Regional Distribution Center (RDC) to receive your phone. For the RDC in your area, visit our website at [www.ftri.org](http://www.ftri.org) or call FTRI's main office at 800-222-3448 (Voice) or 888-447-5620 (TTY).

## Who pays for the program?

The Florida Legislature passed the Telecommunications Access System Act (TASA) in 1991 to make basic telecommunications accessible and affordable for Hard of Hearing, Deaf, Speech Impaired and Deaf/Blind persons. In response to TASA, the Florida Public Service Commission (FPSC) directed local exchange telephone companies to form a non profit corporation to fulfill the TASA requirements. FTRI was founded to loan specialized telephone equipment and ring signaling devices to all qualified residents of Florida for as long as they need it, **at no charge**.

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## Keep this page for your records.

### Conditions of Acceptance (COA):

If you receive equipment from the program, the following conditions will apply:

1. I understand that the equipment I am borrowing for telephone access belongs to FTRI; I do not own it. If I abuse the equipment, I can be held financially responsible for the replacement.
2. I will take good care of the equipment to ensure it is not damaged, stolen, or lost. If it is damaged, stolen or lost, I will contact FTRI immediately at 800-222-3448 (Voice) or 888-447-5620 (TTY).
3. If the equipment stops working properly, I will not try to fix it. I will notify FTRI at 800-222-3448 (Voice) or 888-447-5620 (TTY) and they will fix it.
4. I will notify FTRI if my address or telephone number changes.
5. I understand the equipment I receive today must be returned to FTRI if:
  - a. I move out of Florida.
  - b. I no longer need the equipment.
6. I understand that I cannot sell, give away, or loan this equipment to anyone else.
7. I understand that this agreement is binding for any additional or exchanged equipment that I receive from the program.
8. Failure to comply with this COA may result in the applicant being denied participation in the FTRI Distribution Program.
9. By signing this application, I understand that the user of the equipment is responsible for the use and operation of the equipment, and I agree to defend FTRI and release them of any and all claims, damages and expenses arising out of the use or misuse of this equipment by anyone.

#### HOW DO I GET MORE INFORMATION?

800-222-3448 (Voice)

888-447-5620 (TTY)

Website: [www.ftri.org](http://www.ftri.org)

Email: [outreach@ftri.org](mailto:outreach@ftri.org)

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# Florida Telecommunications Relay, Inc. (FTRI) Application

**Section 1- All information must be completed with original signatures. No copies/faxes.**

## How Did You Hear About This Program?

(Circle One)

- |                   |                       |                            |
|-------------------|-----------------------|----------------------------|
| (1) Friend/Family | (2) Physician         | (3) Hearing Aid Specialist |
| (4) Audiologist   | (5) FTRI Presentation | (6) Television             |
| (7) Newspaper     | (8) FTRI Website      | (9) Other _____            |

Social Security Number \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) Day Phone ( \_\_\_\_\_ )  
(No Cell #)

Phone Carrier:  AT&T  Verizon  Comcast  Century Link  Other \_\_\_\_\_

Address \_\_\_\_\_ (Apt) \_\_\_\_\_ City \_\_\_\_\_

FL Zip Code \_\_\_\_\_ County \_\_\_\_\_ Email \_\_\_\_\_

Shipping Address (if different): \_\_\_\_\_

City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

Alternate contact person \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ )

By signing this I certify that I am a permanent Florida resident who has a hearing loss and/or speech impairment, that **I understand and accept the conditions of acceptance**, and that the information I have given is true. I authorize the certifier of this application to provide this information to FTRI in order that I can receive the designated specialized telecommunications equipment.

Signature of Applicant **X** \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

(If under 18, Parent or Guardian / POA must provide documentation)

## Section 2- To be completed by the certifier

In accordance with Chapter 427.705 F.S., I am eligible to certify FTRI applications. I am:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Deaf Service Center Director                                 | <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Hearing Aid Specialist |
| <input type="checkbox"/> Appropriate State or Federal agency representative           | <input type="checkbox"/> Audiologist        |   |
| <input type="checkbox"/> State Certified Teacher for the Hearing or Visually Impaired | <input type="checkbox"/> Licensed Physician |   |

Application must be certified within the State of Florida. I certify that the applicant is: (check one)

- Hard of Hearing.** Having a permanent hearing impairment which is severe enough to necessitate the use of amplification devices to discriminate speech sounds in verbal communication.
- Deaf.** Having a permanent hearing impairment and being unable to discriminate speech sounds in verbal communication with or without the assistance of amplification devices.
- Speech Impaired or having a speech impairment.** Having a permanent loss of verbal communication ability which prohibits normal usage of a standard telephone handset.
- Dual sensory impaired.** Having both a permanent hearing impairment and a permanent visual impairment, and includes deaf/blindness.

Certifier's Name \_\_\_\_\_ State License # \_\_\_\_\_

Agency Name \_\_\_\_\_ Certifier's Signature **X** \_\_\_\_\_

County \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) Email \_\_\_\_\_

Certifier information must be complete to process application. For questions please call 1-800-222-3448.

**This application will not be returned to you. If you would like a copy, please make one before sending in.**



EDP ID#: \_\_\_\_\_ (Where client received phone)

OUTREACH EVENT ID #: \_\_\_\_\_

## Equipment Available:

You may receive **one** phone and **one** ringer, if needed. If you already have FTRI equipment, please pass this application along to a friend who needs our services.

### Telephones:

- Amplified Phone:** Increases volume for a hard of hearing person.
- Amplified Phone:** Amplifies outgoing voice for a speech impaired user.
- In-Line Amplifier:** Battery operated amplifier that connects to corded telephones to increase volume for a hard of hearing person.
- Voice Carry-Over Phone:** Allows a severely hard of hearing user to speak for themselves and read incoming text through the Relay service.
- Captioned Telephone (CapTel):** Captioned phone that allows a severely hard of hearing user to speak for themselves and read incoming text through a captioning service.
- Hearing Carry-Over Phone:** Combines a text telephone and standard telephone to serve hearing, speech impaired and deaf individuals.
- Text Telephone:** Allows a deaf user to type and then read the response using the Relay service.

### Ringers:

- Audio Ringer:** Audible signaling device that plugs into a jack away from the telephone to alert the user the phone is ringing.
- Visual Ringer:** Visual signaling device that connects to a lamp, causing it to flash on and off when the telephone rings.

Telitalks, Braille TTYs, TTYs with large visual display, speaker phones, tactile pagers, and infrared speaker phones are also available through FTRI's main office. Please call 1-800-222-3448 as additional paperwork may be required.

- TeliTalk:** For Laryngectomees.
- Speaker phone:** For individuals with both mobility and hearing or speech impairment.
- Infrared:** Phone allows a user who is both mobility impaired and speech impaired to connect to a speech generating device using an infrared link.
- Large Visual Display TTY:** For Deaf individuals with a visual impairment.
- Braille TTY:** For Deaf/Blind individuals.
- Tactile ringer:** Vibrates to alert Deaf/Blind individuals that the phone is ringing.

### CHECK LIST

#### Before mailing your application:

- I have fully completed and signed Section 1 of my application.
- Section 2 of my application has been fully completed and signed by a certifier.
- I have chosen the phone and/or ringer that meets my needs.
- I have made a copy of my application for my records.

### Mail completed applications to:

Florida Telecommunications Relay, Inc. (FTRI)  
Attn: New Clients  
1820 E. Park Avenue, Ste. 101  
Tallahassee, FL 32301