

Grab life by the phone.

The South Carolina Equipment Distribution Program (SCEDP) was established to provide qualified South Carolina residents with the telecommunications equipment needed to communicate with others by telephone.

SCEDP's customers include people who are:

- Deaf
- Hard of Hearing
- Deaf-Blind
- Blind/Low Vision with Hearing Loss
- Speech Impaired

If you're eligible, you'll get the equipment you need for as long as you need it. To qualify, you must be a legal, permanent resident of South Carolina, have a qualifying landline telephone (not a cell phone), and have a permanent disability confirmed by one of the following professional certifiers:

- Audiologist
- Physician
- Physician's Assistant
- Advanced Practice Registered Nurse
- Speech-Language Pathologist
- Hearing Instrument Specialist

How much will it cost?

There is no cost to you. The program is funded by the citizens of South Carolina and is collected through a monthly surcharge on traditional telephone lines in the state.

Product Guide

You can choose one telephone and one alerting device. Check your selected products on the application. For help choosing a product, ask a professional certifier or contact SCEDP. We will be happy to assist you.

SCEDP Conditions of Acceptance

I understand and agree to the following:

- The SCEDP is not responsible for my telephone service or bills.
- If I change my address or phone number in South Carolina, I will provide this information to SCEDP within 30 days.
- I will make arrangements to return my equipment in the event of my death.
- If I move to another state, I will contact SCEDP to arrange the return of equipment before I move. I will protect the equipment from damage. I will be responsible for providing batteries, paper, and other consumable needs.
- If equipment is not working, I will NOT try to repair it or take it apart. I will contact SCEDP for instructions on returning the equipment. Equipment, including all accessories, should be returned in the original boxes.
- If equipment is reported as lost, a replacement will NOT be allowed.
- If equipment is returned and SCEDP determines it has been abused, a replacement will NOT be allowed.
- If equipment is stolen or damaged by someone other than me, I will report it to the police and provide a copy of the report to SCEDP before a replacement is allowed.
- Equipment is the property of the State of South Carolina. I will not sell, pawn, give, or loan it to others outside my household. If I do, I can be criminally prosecuted.
- If I am a minor, all equipment, obligations, and responsibilities will be transferred to me when I turn 18.
- It is against the law to file false statements regarding the application or equipment. If I do, I can be criminally prosecuted.
- I agree to indemnify the State of South Carolina from any and all claims, damages, and expenses arising out of the use or misuse of equipment by anyone or myself.
- If I fail to follow these Conditions of Acceptance, I can be denied the privilege of having equipment offered by the SCEDP.

Right to Fair Treatment

The SCEDP will not discriminate against an individual because of color, race, sex, age, national origin, religion, marital status, political beliefs, or disability.

South Carolina Equipment Distribution Program

1401 Main Street, Suite 825
Columbia, SC 29201
Website: www.scedp.sc.gov

Toll free: 1.877.225.8337 (Voice/Hearing)
1.877.889.8337 (TTY)
Email: AmplifyLife@regstaff.sc.gov

Local: 803.737.0808 (Voice/Hearing)
803.737.0846 (TTY)
Fax: 803.737.0842

Important Information

South Carolina Equipment Distribution Program

When completing your application, please keep in mind that it is very important that you provide all information requested on the application. An "Application Checklist" is included in the application packet to help you with this. However, if you have any questions, please contact us at one of our toll free numbers listed on the application. Our normal office hours are 8:30am-5:00pm, Monday-Friday. We welcome your calls and will help you with your questions.

When SCEDP receives your application, it will be processed as quickly as possible. If approved, your equipment will be shipped by UPS within 30 business days. If an application is received that requires additional information from the applicant or the applicant's guardian, SCEDP staff will send a form letter indicating the exact information that is required. It will be your responsibility to respond with the requested information within a reasonable time frame.



PRIVACY NOTICE

The South Carolina Equipment Distribution Program, administered by the South Carolina Office of Regulatory Staff, will follow the privacy practices of Section 30-4-40 (a) (2) of the South Carolina Code of Laws Ann. (1978 as amended).

Application Checklist

You must complete the following steps in order to receive equipment from SCEDP:

- Remove the Application Form from the booklet by tearing along the perforation. Complete the first page of the application by entering the requested personal information. If you are a guardian* completing the application, please see the guardian information below.
- Have a certified professional complete and sign the “Professional Certification Form” on the back of your application certifying your hearing or speech disability.
- Choose the type of equipment you need.
- Provide a copy of your valid SOUTH CAROLINA identification proving your residency in SOUTH CAROLINA. Accepted forms of identification are a current SC Driver’s License, a SC Voter’s Registration Card, or a SC DMV issued State ID card.
- Provide a copy of your telephone bill that shows your telephone number and address.
- Sign your Application Form.
- Mail your completed Application and Professional Certification forms along with the copies of your current South Carolina Identification and phone bill to:

SCEDP
1401 Main Street, Suite 825
Columbia, SC 29201

***Guardian Information**

If you are a guardian completing the application on behalf of an applicant, please sign the application where it requests a “Guardian Signature” and complete the application where guardian information is requested. When you return the application and copy of the applicant’s telephone bill to SCEDP, include a copy of your current and valid South Carolina identification, and a copy of acceptable documentation, if available, proving your relationship to the applicant.

Examples of acceptable documents are: Marriage Certificate, Birth Certificate, Power-of-Attorney, Medical Power-of-Attorney, Department of Defense Military Dependent ID Card, Hospice or Assisted Living Facility Consent for Medical Treatment Form, or other appropriate documents. In the event of unavailable documentation, the SCEDP staff will review each application individually.

Application



Administered by the South Carolina Office of Regulatory Staff

Applicant Information Please print clearly in blue or black ink.

First Name: _____ MI: _____ Last: _____
 Home Phone: _____ - _____ - _____ Other Phone: _____ - _____ - _____
 Address: _____ City: _____ County: _____ Zip: _____
 Birth Date: ____/____/____ Social Security (last four): _____ Email Address: _____
 Contact Person _____ Phone: _____ - _____ - _____ Other Phone: _____ - _____ - _____
 How did you learn about SCEDP? _____ Internet Access? Y ___ N ___

Income Range:
 <\$30,000 \$30,000-\$60,000 >\$60,000

Guardian Information

First Name: _____ MI: _____ Last: _____
 Home Phone: _____ - _____ - _____ Other Phone: _____ - _____ - _____
 Address: _____ City: _____ County: _____ State: _____ Zip: _____

Product Selection Choose only one telecommunications product and one alerting device or accessory.

Telecommunications Products

- 1. Amplified Phone
- 2. Cordless Amplified Phone
- 3. CapTel
- 4. Internet Captioning Phone
- 5. Uniphone
- 6. TTY Superprint
- 7. Amplified Handset
- 8. Photo Phone
- 9. Large Number Phone
- 10. Electrolarynx
- 11. Hands-Free Phone
- 12. FSTTY PACmate

Alerting Device and Accessories

- A. AL10
- B. Tactile Signaler

For Hands-Free Phone Only

- Air Switch
- Pillow Switch

Provide Document Copies

- Copy of your valid South Carolina identification. (**SC driver's license, SC ID card, or SC voter registration**)
- Copy of your **current phone bill** showing applicant's phone number and address.

Agreement Note: Services are rendered at no charge to applicants.

I have read the Conditions of Acceptance and/or had them explained to me. I understand and agree to comply with all of the conditions of the South Carolina Equipment Distribution Program (SCEDP). I promise that the information I have provided is true and accurate to the best of my knowledge. I also understand that SCEDP may make certain information available to a third party or other entities for the purposes of program administration, improvement, evaluation, or auditing.

SCEDP, ORS, ITS OFFICERS, AGENTS, EMPLOYEES AND AFFILIATES, MAKE NO WARRANTY, REPRESENTATION OR CONDITION OF ANY KIND REGARDING THE PRODUCTS CONTAINED HEREIN AND/OR PROVIDED THROUGH OR BY SCEDP, ALL PRODUCTS ARE PROVIDED WITHOUT WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

HIPAA RELEASE: This application contains protected health information. I hereby authorize SCEDP to communicate, share, and disclose protected health information to those person(s)/entities necessary for the purpose of delivering/installing specialized equipment applied for by me or my guardian in this application.

Applicant or Guardian Signature _____ **Relationship to Applicant** _____

For help installing or using equipment, please contact us at any of the numbers listed at the top of this form.

Send form & documents to: SCEDP, 1401 Main Street, Suite. 825, Columbia, SC 29201.

Certification



Administered by the South Carolina Office of Regulatory Staff

Instructions Please print clearly in blue or black ink.

TO THE APPLICANT: Please deliver this form to a licensed professional certifier, who will complete and return the form to you. For help finding a professional certifier, please contact SCEDP.

TO THE CERTIFIER: The applicant is requesting specialized telecommunications equipment. Please verify that the applicant's disability prevents or causes a reduced ability to use a standard telephone. If you have any questions, please call SCEDP.

Applicant Information

First Name: _____ Last: _____

Home Phone: _____ - _____ - _____

Disability Information Check all disabilities to be certified.

Deaf Hard of Hearing Deaf-Blind Blind/Low Vision with Hearing Loss Speech Impaired

Certifier Information

Certifier Name: _____

Office Phone: _____ - _____ - _____ Email Address: _____

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Company Name: _____ State License or Certification Number: _____

Your Profession:

- Audiologist
- Doctor/Physician
- Physician Assistant (PA)
- Advanced Practice Registered Nurse (APRN)
- Speech-Language Pathologist
- Hearing Instrument Specialist

Certification Sign and return this form to the applicant.

I affirm that the above named individual meets the certification requirements of being deaf, hard of hearing, speech impaired, or dual sensory disabled as stated above.

Certifier Signature: _____ Date: _____

Certifier Notes Use this space to provide any additional information.

Notes:



1

1. AMPLIFIED PHONE

The amplified telephone is the ideal solution for those with **mild, moderate, and severe hearing loss**. The sound amplifies up to 53db and includes programmable speed dials, and a speaker phone feature. The ergonomic volume and tone control is also perfect for those with arthritis.



2

2. CORDLESS AMPLIFIED PHONE

The cordless amplified phone is for those with **mild to moderate hearing loss**. This phone features up to 50 decibels of amplification, a loud and clear speakerphone, and large, high contrast buttons that are easy to press and see. This is also a great option for those with **mobility challenges!**



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3. CAPTEL PHONE

The CapTel phone is for those who have **moderate to severe hearing loss**. This phone allows you to hear and speak while viewing captions. You can adjust the font size and color, background color, and speed at which the captions scroll across the screen. To receive captions on incoming calls, the caller must dial the toll free number to connect to the captioning service. They will then be prompted to dial your phone number.



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4. INTERNET CAPTIONING PHONE

The internet captioning telephone shows captions of everything your caller says on a large display screen to help make sure you catch every word. Perfect for those who have **moderate to severe hearing loss**, it connects to both your telephone service and to your Internet service to give you the best of both worlds: voice and captions.

Hearing and Speech



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5. UNIPHONE

For **severe hearing or speech loss**, the Uniphone allows voice callers to speak in their own voice then read replies, or hearing callers to listen then type replies. The Uniphone is an exciting new concept in TTYs, combining a telephone, TTY, and amplified phone - all in one!



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6. TTY SUPERPRINT

For people who are **deaf and speech impaired**, the TTY Superprint allows two TTY users to call each other directly, or to make relay calls to hearing people.



7. AMPLIFIED HANDSET

Weak voice? The Amplified handset helps to amplify your own voice. The handset amplifies outgoing sounds up to 26dB and is compatible with most corded phones.

Hearing and Cognitive



8. PHOTO PHONE

If you have **memory loss and low-to-moderate hearing loss**, the Photo Phone is for you. Dial a number by pressing a picture of a familiar person. Just insert your photos into the memory panel for speed dialing, and you can quickly and easily dial by photo.

Hearing and Vision



9. LARGE NUMBER PHONE

People with **moderate hearing loss and low vision** will appreciate this phone's keypad that offers large numbers and braille. A voice speaks each number when pressed. Memory dial provides an option to pre-record up to 10 names and numbers in your own voice.

Speech



10. ELECTROLARYNX

People who have lost their larynx will benefit from the ElectroLarynx, however, it is not recommended for those who have had a stroke. Held to the neck, the ElectroLarynx clarifies speech when talking on the phone. This electronic speech aid is the only one with tone control in a single button.



11. HANDS-FREE PHONE

Speech with mobility challenges? You can try the Hands-Free Phone that enables conversation 15 feet away. This speakerphone can answer calls with the sound of your voice. Use the wireless remote control for one-touch access to dialing, answering, and memory scanning from up to 40 feet away.



12. FSTTY PACMATE

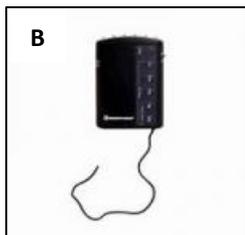
Braille phone is for people who are **deaf-blind**. The FSTTY PACmate has a braille keyboard and a regular keyboard for sending and receiving conversation. Use Relay South Carolina to make a TTY call, or converse directly with another TTY user. Includes a 20-cell braille display.

Alerting Device & Accessories



A. AL10

Trouble hearing the phone, doorbell, or alarm clock? The AL10 Alert Master makes the lamp flash when the phone or doorbell rings, and when your alarm clock goes off. Includes a doorbell and a bed shaker.



B. TACTILE SIGNALER

The Tactile Signaler is a small device you wear that **vibrates when the AL10 is activated**, from as far as 80 feet. Works whether inside, outside, or in remote areas of the house where flashing lamps may not be seen. This lightweight personal receiver gives new freedom and independence to **deaf, deaf-blind, and hard of hearing** people.

Note: Actual products may vary from pictures.

South Carolina Equipment Distribution Program



Equipment Application Form

1401 Main Street, Suite 825, Columbia, SC 29201

