



New Jersey Department of Human Services
 Division of the Deaf and Hard of Hearing
Equipment Distribution Program
Eligibility Application



The New Jersey Division of the Deaf and Hard of Hearing (DDHH) provides free assistive devices to deaf or hard of hearing individuals through the Equipment Distribution Program (EDP). Since 1993, the DDHH has operated this program to ensure that New Jersey residents with hearing loss have access to critical telecommunications and vital home safety alerting equipment. Upon meeting program eligibility, individuals receive communication devices at no cost.

Program Eligibility:

- Must have hearing loss
- Must be a New Jersey resident
- Total combined household income must not be greater than 400% of the federal poverty level.

Number of people living in household	2024 Federal Poverty Guidelines
1	\$60,240
2	\$81,760
3	\$103,280
4	\$124,800
5	\$146,320
*For each additional person, add \$21,520	Source U.S. Department of Health and Human Services

Please complete the application using the checklist below:

- A **copy** of ONE (1) document from **List A** to establish residency and identity. **(Page 2)**
 - OR a **copy** of ONE (1) document from **List B** to establish identity AND a **copy** of ONE (1) document to establish residency. **(Page 2)**
- Applicant's signature **(Page 2)**
- Include email address for UPS tracking updates **(Page 3)**
- Certification of Disability completed by treating provider, with signature. **(Page 4)**
- Review of Conditions of Acceptance, with signature. **(Page 5)**
- Items selected **(Pages 6-9)**
- Joint or individual **copy** of most recent tax return **or** W2s showing household income **or** a letter from your Employer **or** Award Letter from a Social Service Agency **or** US Department of Veterans Affairs.
- Submit application by mail, fax, or email:

DDHH Equipment Distribution Program
 PO Box 074
 Trenton, NJ 08625-0074

Fax: 609-588-2528
 Email: DDHH.communications2@dhs.nj.gov

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SECTION 1: Please provide a copy of one (1) document from List A OR a copy of one (1) document from List B AND a copy of one (1) document from List C.

List A

Documents that establish both identity and residency

Please select one from the list below

- NJ or Municipal ID card
- NJ Driver's License
- NJ Student ID
- Utility, cell phone, or internet bill
- Bank/insurance statement
- Tax Returns, last two years
- Paystub from employer
- Rent receipt, lease, mortgage
- Letter from social service agency
- Letter from health care provider
- Letter from government agency

List B

Documents that establish identity

Please select one from the list below

- Student ID card
- Student Transcript
- Passport
- Birth Certificate
- Driver License from another country
- Consulate ID card
- A child's U.S. birth certificate and your name
- Letter from IRS or ITIN
- Marriage Certificate
- Divorce Decree
- U.S. court document

List C

Documents that establish residency

Please select one from the list below

Signed and dated letter including the full name and phone number of the individual writing the letter from one of the following:

- Landlord
- Representative of worship
- Medical provider
- Service provider
- Shelter acknowledging NJ residency

New Jersey Equipment Distribution Program

Application Form

SECTION 2: This form will be scanned for computerized data capture. Please follow the instructions to ensure that the application is processed quickly and accurately.

- Use blue or black ink only.
- Print clearly, in uppercase letters.
- Correct errors with white correction fluid.

First Name: _____ Middle Initial: _____

Last Name: _____

Telephone Number: _____

Check one: Cell Home Videophone

Email Address: _____

IMPORTANT: Email addresses will be used to provide UPS tracking updates.

How do you identify: Deaf Hard of Hearing

Check one: Mild Moderate Profound Unable to speak or sign

Mailing Address

Street: _____ City: _____

County: _____ Zip Code: _____

Physical Address (if different from Mailing Address)

Street: _____ City: _____

County: _____ Zip Code: _____

I certify to the best of my knowledge that I meet the program's eligibility requirements and the information in this application is true and correct.

Applicant's Signature: _____ Date: _____

New Jersey Equipment Distribution Program Form Certification of Disability

SECTION 3: This portion of the application must be completed by a treating service provider. Provider, please verify and certify that the applicant will benefit from the use of the requested technology.

This form will be scanned for computerized data capture. Please follow the instructions to ensure that the application is processed quickly and accurately.

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Applicant's Name: _____

Provider's Information:

First Name: _____ Middle Initial: _____

Last Name: _____

Business Information:

Street: _____ City: _____

County: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Certification/License Number: _____

Expiration Date (MM/DD/YY): _____

Provider's Profession:

- Doctor/Physician
- Audiologist
- Hearing Aid Specialist Speech
- Pathologist
- Other (please describe):

Signature _____

Date: _____

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Conditions of Acceptance

SECTION 4: Please review the following section in its entirety.

I understand and agree to the following:

- Equipment is the property of the State of New Jersey. I will not sell, pawn, give, or loan the equipment to individuals outside of my household. If I do, I understand I can be criminally prosecuted.
- The NJ DDHH is not responsible for service plans or bills associated with equipment.
- I will protect the equipment from damage.
- If the equipment is not working, I will NOT try to repair it or take it apart. I will contact DDHH for instructions on returning the equipment. Equipment, including all accessories, should be returned to the manufacturer in its original box if the warranty has not expired.
- If the equipment is returned and NJ DDHH determines it has been damaged, a replacement will NOT be allowed.
- If the equipment is reported as lost, a replacement will NOT be allowed.
- If the equipment is stolen or damaged by someone other than me, I will report it to the police and provide a copy of the police report to NJ DDHH before replacement is allowed.
- It is against the law to file false statements. If I provide false statements in this application or regarding equipment, I understand I can be criminally prosecuted.
- I agree to indemnify the State of New Jersey from any and all claims, damages, and expenses that arise out of the use or misuse of equipment by myself or anyone else.
- If there is a change in address or phone number, I will provide the new information to NJ DDHH within 30 days.
- If I move to another state, I will contact NJ DDHH to arrange the return of equipment before I move.
- If I am a minor, all equipment, obligations, and responsibilities will be transferred to me when I turn 18.
- I will make arrangements to return my equipment in the event of my death.
- Households must wait five (5) years before receiving another phone through this program.
- A limit of one (1) smoke detector or baby alert system is provided within this program.
- If I fail to follow these Conditions of Acceptance, I can be denied the benefit of having equipment offered by the NJ DDHH.

Applicant's Signature: _____

Date: _____

New Jersey Equipment Distribution Program

Items Available Through EDP



The Sonic Alert HomeAware Fire and CO Signaler is a flashing strobe light with a built-in smoke / CO listener, phone, and bed shaker. This device is for use with existing smoke detector and/or CO2 alarm system.



The Nighthawk 900-0230 is a battery-operated carbon monoxide alarm that provides reliable protection against the dangers of carbon monoxide, and has a 7-year limited warranty. It is recommended that this item be paired with the Sonic Alert HomeAware device.



The Ring Video Doorbell 2 is a smart security system that can be monitored from anywhere. The doorbell is battery powered with the option to hardwire and comes with a rechargeable battery pack.



The Sonic Alert is perfect for smoke alerts in other rooms. This does not replace existing smoke detectors. This will pair well with the HomeAware alert listener system.

New Jersey Equipment Distribution Program

Items Available Through EDP



The Clarity XLCR Amplified Cordless Extra Loud (50dB) phone with tone control including 4 settings, boost button, and volume control wheel to give provide a customized listening experience



The Geemarc Amplipower 60 Plus Amplified Telephone has a receiver volume control of up to 67dB and an adjustable ringer volume. The speaker offers clearer reception and tone control of plus or minus 10 dB.



The Cisco Unified SIP Phone 3905 provides accessibility features for the hard of hearing, blind, and mobility impaired. Because many of these features are standard, they can be used by users with disabilities without requiring special configuration.

IMPORTANT: Unfortunately, the CapTel 840+ is no longer in service. Please contact Customer Service at CapTel for more information. CapTel can be reached via phone at (888) 269-7477, email CapTel@CapTel.com, or visit www.CapTel.com. Individuals who currently have the CapTel 840+ may contact CapTel to request an upgrade to an internet model.

New Jersey Equipment Distribution Program

Items Available Through EDP



The Minicom IV has an easy-touch keyboard with a bright, tilted 20-character display and includes a printer port to connect an external printer.



VTech DM221 Digital Audio Baby Monitor is a simple, 2-piece baby monitoring system that works great for deaf & hard of hearing parents or caregivers

New Jersey Equipment Distribution Program

Choose ONE from this list:



Tablet - Apple iPad Wi-Fi Only 64GB
* Requires Access to Internet Service.



Tablet - Samsung Galaxy S6 Lite Wi-Fi Only
64GB *Requires Access to Internet Service.



Smartphone - Apple iPhone XR Wi-Fi & 4G
64GB *Requires Cellular Service Plan.



Smartphone - Google Pixel 5a Wi-Fi & 4G
128GB *Requires Cellular Service Plan.

IMPORTANT:

If a Smartphone is selected, the individual must agree to get a cellular service plan from a provider. The tablets are Wi-Fi only and do not require a service plan. All Smartphones offered in this program are “unlocked” so that the individual may choose a service provider of their choice.

For individuals who need low-cost internet service there may be an option through the FCC Emergency Broadband Benefit - <https://www.fcc.gov/broadbandbenefit>

The device will come with the following deaf and hard of hearing accessible apps pre-installed:

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IP Relay, Video Relay Service, IP Captioned Telephone Service, Video Calls & Video Messaging.

All devices include a 3-year warranty. DDHH does not provide cases. We urge you to purchase a protective case for the device selected. These devices are subject to breakage if they are dropped. DDHH will not replace a device that is damaged due to breakage.

SECTION 5: If you are assisting someone else in completing this application, please complete the following portion.

This form will be scanned for computerized data capture. Please follow the instructions to ensure that the application is processed quickly and accurately.

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1. Please check one of the following boxes regarding relationship to the applicant.

- | | |
|--|--|
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Agency | _____ |

Last Name: _____ Suffix (Jr., Sr., etc.): _____

First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preparer's Signature: _____ Phone Number: _____

PLEASE SUBMIT THE FORM BY:

MAIL:

Division of the Deaf and Hard of Hearing
Equipment Distribution Program
PO Box 074
Trenton, NJ 08625-0074

OR FAX:

(609) 588-2528

FOR MORE INFORMATION, CALL:

(609) 588-2648

(800) 792-8339

(609) 503-4862 videophone

EMAIL:

DDHH.communications2@dhs.nj.gov

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