Certification of Hearing/Speech/Visual Impairment for Telecommunication Equipment Distribution Program

Verification of impairment and the need for special phone equipment

Applicant's Name:_____ Phone: (___)_____
Last First Middle

This certification can be completed by one of the following:

- Licensed Physician
- Certified Audiologist
- Alaska Department of Education
- Alaska Division of Vocational Rehabilitation

An examination or records show that the applicant has one or more of the following disabilities which causes an impediment to access the telephone system.

- ❑ Deaf
- ❑ Severe Hearing Loss
- ❑ Severe Speech Disability

Individuals considered "Severe Hearing Loss" must have a hearing loss of 30dB average in the frequencies <500, 1000 & 2000> or greater in the better ear. If an audiogram is available, please provide a copy.

It is my professional opinion that the applicant identified above has a hearing or speech which causes a barrier to access the telephone system.

Name:_____ Phone: (___)_____
(Please type of print)

Agency:_____

Address:_____

Signature:_____ Date:_____

Return this form to:
CSD of Alaska / Alaska Relay
3820 Lake Otis Pkwy, Ste 105
Anchorage, AK 99508