



# COMMISSION FOR THE DEAF AND THE HARD OF HEARING

AzTEDP is a free State of Arizona program that provides specialized equipment for Arizona residents who qualify as Speech-Impaired.

- Equipment catalog
- Application requirements and instructions
- Required forms
- Information on what happens next

AzTEDP  
100 N. 15th Avenue, Ste. 104  
Phoenix, AZ 85007  
Phone: 602-542-3365  
Toll free: 1-866-223-3412  
Fax: 602-542-3488  
[aztedp@acdhh.az.gov](mailto:aztedp@acdhh.az.gov)

ACDHH/AzTEDP serves all Arizonans with any level of hearing or speech loss, which may include low vision.

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# Speech-Impaired model choices

## Provox Trutone EMOTE Electrolarynx: Please read carefully.

**\*\*\*Please note that this device is considered Durable Medical Equipment (DME).**

**\*\*\*Please consult with your health care professional and insurance to obtain a unit.**

**\*\*\*AzTEDP can only approve your application if provided documentation of a 100% insurance denial.**

An electrolarynx is often used right after surgery, before the patient has healed enough to speak with a voice prosthesis. Many also choose to use an electrolarynx as a backup, or a temporary means of communication.

### **Features**

- Unique Whisper Mode allows smooth transition between normal and softer volumes with one-touch ease
- Six easy-set modes for monotone or variable pitch selections
- Single, pressure-sensitive Emotion Button for natural expression
- Masculine or feminine voicing options with pitch adjustment
- Ergonomic hourglass design for better grip and comfort
- Lightweight and extremely durable
- USB port for convenient, in-unit battery charging
- Smart indicator light shows low battery and full charge
- Rechargeable lithium battery offers long battery life—up to 30 days



## **Zygo Wireless Voice Amplifier with Headset Microphone**

The Zygo Voice Amplifier is a high volume, low feedback personal voice amplifier that is great for anyone who has a weak voice.

The Zygo is also the perfect way to boost your voice if you speak with esophageal or TEP (Tracheoesophageal Puncture) speech.

- Great for personal conversations or small groups
- More compact than other waistband amplifiers
- Conveniently straps around your waist, or slings over the shoulder
- Filters out unwanted sound
- Improves perceived voice quality
- For use with a headset microphone (included)
- Uses AA rechargeable batteries (included)
- Convenient AC adapter charges batteries when not in use



## Casa Futura Telephone Fluency System

- Delayed auditory feedback (DAF) immediately reduces stuttering about 70% at normal speaking rates without training, mental effort, or abnormal-sounding or abnormally slow speech. Tests show a 55% carryover fluency after removing the device, without speech therapy. With speech therapy, DAF can induce a slower speaking rate with stretched vowels to make even severe stutterers nearly 100% fluent.
- Pitch-shifting frequency-shifted auditory feedback (FAF) immediately reduces stuttering about 70% at normal speaking rates and induces speech motor changes in stutterers. Combining DAF and FAF increases effectiveness.
- The Logitech H110 full-size headset gives you the best sound quality and maximizes effectiveness.

A Plantronics MX100S binaural (two ear) wired iPod-style ear set is included. Other standard wired ear sets are compatible.

### **Telephone Interface**

- The Basic Fluency System plugs into landline. Effective with cell phones; an adapter may be required. You hear your voice and the caller's voice in both ears; the caller hears your normal voice. Leave your Basic Fluency System plugged into your telephone and practice speech therapy on every call.
- Adapters are easily available for all types of cellphones



## Ultratec 4425A TTY

### Hearing Carry Over (HCO) with Landline

The Arizona Relay Service can facilitate Hearing Carry Over (HCO) calls. The Speech-Impaired TTY user will be able to express via keyboard what they are not able to vocalize. A standard telephone would be used to listen to the other person speak directly to them.



Please contact AzTEDP for guidance.

Text: 602-509-8301    [AzTEDP@acdhh.az.gov](mailto:AzTEDP@acdhh.az.gov)

**Please see Hearing Carry Over (HCO)  
Arizona Relay Service information below.**



# Application Requirements for Telecommunications Equipment:

## 1. Complete the application form:

Part A: 1) Complete the application, sign where it says “applicant signature”.

2) Write in your equipment model choice(s). Contact AzTEDP if needed.

Part B: May be completed by a designated representative who is acting on behalf of the applicant, such as (parent, legal guardian, P.O.A., helper, or friend).

Part C: Must be completed and signed by your professional.

## 2. Complete the Conditions of Acceptance form: Read, sign and date.

## 3. Proof of Arizona residency:

- Telephone bill proving applicant phone service, which may also prove AZ residency, if your address is documented.
- AZ Driver’s License / State of AZ identification card
- Letter from facility stating residency
- Anything of a formal nature to verify name/address
- If your Arizona Identification also has a gold star, it meets proof of US Citizenship, which is outlined in #5.



## 4. Proof of appropriate service for the telecommunications device you request:

Cellular users: Photocopy of bill proving cellular service, which may also prove Arizona residency, if address is documented.

Landline users: Photocopy of bill proving landline service, which may also prove Arizona residency, if address is documented.

Sorenson videophone users: Photo, screenshot or other documentation of your Sorenson videophone.

## 5. Complete the STATEMENT OF (U.S.) CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS FORM. You must submit photocopied proof that you (current name) meet the requirements.

- Complete every blank on the citizenship form.
  - Check the box of which kind of photocopied documentation you are submitting for citizenship.
- Sign and date page two.
  - Provide a photocopy of the document(s) that you marked on page one of the Citizenship Form. If using your last name has changed, please provide a copy of the documentation (marriage certificate is common). Arizona Identification with Gold Star is also accepted as proof of U.S. Citizenship. Contact AzTEDP for assistance.



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**AZTEDP application** Mail all forms and photocopies to:  
AzTEDP, 100 N. 15th Ave. Suite 104, Phoenix, AZ 85007  
Ph: 602-542-3365 or toll free 1-866-223-3412  
aztedp@acdhh.az.gov

**APPLICANT - AzTEDP**

www.ACDHH.org

**Part A**

\_\_\_\_\_  
Last Name                      First                      Middle                      Maiden                      Date of Birth: mm/dd/yyyy  
\_\_\_\_\_  
Address                      Apt. #                      City                      State                      Zip Code

\_\_\_\_\_  
Home phone #                      Cell phone #                      Email: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address (if different from above)                      City                      Zip Code

X \_\_\_\_\_  
Applicant Signature                      Date                      Note: Applicants younger than 18 must have a Parent or Legal Guardian complete and sign Part B. Adults who have a P.O.A. may choose to do the same.

Model choice: \_\_\_\_\_

**Parent / legal guardian / POA / helper / friend** **Part B (if necessary)**

\_\_\_\_\_  
Last Name (print)                      First                      Relationship:                      Parent                      Legal Guardian                      helper/friend  
\_\_\_\_\_  
(please attach P.O.A. if applicable)

\_\_\_\_\_  
Address (print)                      Apt. #                      City                      State                      Zip Code  
\_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Best phone number                      X \_\_\_\_\_  
Signature on behalf of applicant (if necessary)                      Note: As established in the Conditions of Acceptance, Parent or Legal Guardian listed herein is responsible for all equipment provided under the terms of this agreement.

**Certifying professional:** ***A professional must complete and sign this portion.*** Part C

**I certify that the above named person has the disability marked below and a need for accessible phone. I attest to my qualification as a person authorized to certify need as defined by R9-26-203.**  
**I am licensed to practice as a(n):**                      **Physician Assistant**                      **Dispensing Audiologist**  
**Doctor**                      **Audiologist**                      **Hearing Aid Dispenser**                      **Nurse Practitioner**  
**Speech-Language Pathologist**                      **Rehabilitation Counselor (must have CRC)**  
**within the State of Arizona, as evidenced by my professional license #: \_\_\_\_\_**

Professional printed name: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**As an Arizona Professional, I certify that the above named Applicant (Part A) is:**  
**Deaf                      Hard of Hearing                      DeafBlind                      Speech-Impaired**  
**therefore has a need for accessible telephone equipment to the best of my knowledge.**

X \_\_\_\_\_  
**Signature of a certifying professional is required**                      DATE: \_\_\_\_\_



# CONDITIONS OF ACCEPTANCE for the ARIZONA TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION PROGRAM (AzTEDP)



**Please READ and SIGN YOUR FULL NAME at the bottom** of this form. This form is a contract between you and the Arizona Telecommunications Equipment Distribution Program (AzTEDP). By signing this form, you agree to the terms and conditions of the program. If you do not agree, you should not sign this form. If you have any questions, please contact the AzTEDP staff.

**AZ residency:** You must be a resident of the State of Arizona at the time you sign this form. You must be at least 18 years old at the time you sign this form. You must be a legal resident of Arizona for at least 90 days before you sign this form. You must be a resident of Arizona for at least 90 days before you sign this form.

**Property:** You must own the property where the equipment will be used. You must have the right to use the property for the purpose of the program. You must have the right to use the property for the purpose of the program.

**Voucher:** You must have a valid voucher from the program to receive the equipment.

**Damage, repair, loss, and theft:** You are responsible for the equipment once it is delivered to you. You are responsible for the equipment once it is delivered to you. You are responsible for the equipment once it is delivered to you.

**Travel or move out of state:** You must remain a resident of Arizona while you use the equipment. You must remain a resident of Arizona while you use the equipment. You must remain a resident of Arizona while you use the equipment.

**Change of address or phone:** You must notify the AzTEDP staff of any change of address or phone number. You must notify the AzTEDP staff of any change of address or phone number.

**Liability:** You are responsible for the equipment once it is delivered to you. You are responsible for the equipment once it is delivered to you. You are responsible for the equipment once it is delivered to you.

**Used equipment:** You must not use the equipment for any other purpose than the one intended by the program. You must not use the equipment for any other purpose than the one intended by the program. You must not use the equipment for any other purpose than the one intended by the program.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit forms and supporting documentation to: AzTEDP 100 N. 15th Ave. Suite 104, Phoenix, AZ 85007

[aztedp@acdhh.az.gov](mailto:aztedp@acdhh.az.gov) \* 1-866-223-3412 \* (602) 542-3365



## Statement of United States Citizenship and Alien Status for State Public Benefits

The applicant must provide photocopied document(s) to prove United States of America Citizenship/identity.



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( ~ Print current name of applicant~)

is in the United States legally. Citizenship or National status in the current name of the applicant must be proven. A legible copy of an approved document demonstrating United States Citizenship or Nationality of the applicant (with applicable name change documentation) must be submitted with application.

### Please mark below which photocopied document you will be submitting.

1. Birth certificate showing birth in one of the 50 states, or its territories; Name change proof, if applicable, must be submitted.



2. United States Passport; current or expired is accepted;

3. Report of birth abroad of a United States Citizen (FS-240);

4. Certificate of Birth (FS-545) or Certification of Report of Birth (DS-1350);

5. Form N-561, Certificate of Citizenship;

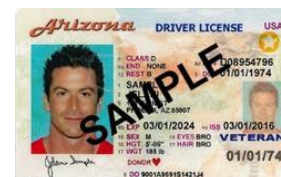
6. Form I-872, American Indian Card with statement identifying the bearer as a United States Citizen;

7. Religious record recorded in one of the 50 states; (Baptism – commonly used)



8. Evidence of civil service employment by the United States government before June 1, 1976;

9. Early school records, showing the date of admission to the school, the applicant's date and United States place of birth, United States nationality or a United States place of birth, and applicant's date of birth or age;





10. Adoption papers showing the applicant's name and place of birth in one of the 50 states;

11. Any other document that establishes a United States place of birth or otherwise indicates United States nationality (e.g. U.S. hospital record).

12. If your Arizona identification has a gold star embedded in the card, this document can double as both AZ ID and UNITED STATES CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS. The star is used to show that the cardholder has provided added proof of identification to ensure the license or ID meets strict federal requirements.

A. Are you a born or naturalized citizen of the United States?  Yes  No

B. If "Yes", what city, state and country were you born in?

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Declaration:**

I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant signature required

\_\_\_\_\_  
Date

Please submit the four completed application forms and photocopied documentation showing legal presence in the USA and current AZ residency to:

AzTEDP  
100 N. 15th Avenue, Suite 104  
Phoenix, AZ 85007  
Phoenix metro: 602-542-3365 Toll free: 1-866-223-3412  
[AzTEDP@acdhh.az.gov](mailto:AzTEDP@acdhh.az.gov)

Please allow 2-4 weeks for processing of complete applications.





Once the completed forms and relevant photocopied documents are submitted to AzTEDP, what can I expect?

- **Yellow** voucher(s) and instructions will be mailed to you.
- You will sign the voucher(s) and mail to the vendor of your choice.
- The vendor will ship you the device(s).

**If you do not complete the application and submit photocopied documentation as instructed, you will be contacted for follow up.**

ACDHH/AzTEDP serves all Arizonans with any level of hearing or speech loss which may include low vision.





# Arizona Relay Service 7-1-1

**Arizona Relay Service (AZRS) is a public service provided by the State of Arizona and administered by the Arizona Commission for the Deaf and the Hard of Hearing (ACDHH).**

**AZRS services make communication by telephone easy, accessible, reliable and convenient for people who are deaf, hard of hearing or have difficulty speaking.**

## Hearing Carry Over (HCO) Arizona Relay Service options:

HCO Relay allows a person who can hear but who has very limited or no speech capability to make and receive phone calls.

### Option 1:

The Teletypewriter (TTY) function in **Settings** can be enabled on a smart device to utilize Hearing Carry Over (HCO) through the Arizona Relay Service (AzRS).

Settings>Accessibility>RTT/TTY

Internet Protocol Relay (IP Relay) service is available for those with speech impairment, to make telephone calls from their Smartphone or tablet, or both. Please look at [www.tmobileaccess.com](http://www.tmobileaccess.com) for further information.

For guidance, you may also contact AzTEDP:  
1-866-223-3412  
602-542-3365  
602-542-3488 (fax)  
[aztedp@acdh.az.gov](mailto:aztedp@acdh.az.gov)

AzTEDP can provide assistance on account setup, training and practice on how to use Internet Protocol Relay.

\*Your own internet device(s) are required.



## Option 2:

### Hearing Carry Over (HCO) with Landline



1. Using your TTY, dial 711 or the toll-free number for your state.
2. Type "HCO PLS GA."
3. Wait for the Communication Assistant (CA) to both type and say "HCO ON GA," which indicates Hearing Carry Over has been activated.
4. Type the telephone number for the person you wish to call and provide any additional instructions, followed by "GA."
5. Once the call is connected, everyone on the call will be able to hear each other. Be ready to listen for the voice of the person you are calling.
6. The CA will ask the person you are calling if he/she is familiar with Hearing Carry Over. If the person is not, the CA will explain how HCO works before the conversation begins.
7. When you hear that person say "Go Ahead," type your response to them. The CA will read aloud your response to the other person. Turn taking continues in this manner until the call is complete.
8. To end your call, type "GA to SK" or simply type "Goodbye."

Please contact AzTEDP for more information and guidance.

Text: 602-509-8301

[AzTEDP@acdh.az.gov](mailto:AzTEDP@acdh.az.gov)



## **Speech-To-Speech Relay Service (no special equipment required)**

**Speech-To-Speech (STS) is especially useful for people who have a difficult time speaking or being understood by others on the phone.**



A specially trained Communication Assistant (CA) will serve to facilitate the conversation back and forth between the person with the speech disability and the other person. The STS CA has experience in understanding a variety of speech disorders and will clarify what is said by repeating or re-voicing in a manner that is more easily understood by the other person.

Speech-To-Speech can be used by people who have Cerebral Palsy, Multiple Sclerosis, Muscular Dystrophy, Aphasia, Dysarthria, Parkinson's disease, and those individuals who are coping with limitations from a stroke or traumatic brain injury. People with speech disabilities can use their own voice or can use an Augmentative and Alternative Communication (AAC) device to communicate. Additionally, anyone who wishes to call someone with a speech disability can also use STS.

**Dial the AZRS Speech-to-Speech relay number: 1-800-842-6520**

Give the Speech-to-Speech CA the number you wish to call, plus any special instructions.

The CA will work closely with you to ensure your entire conversation is effective.

### **Tips for Speech-to-Speech Users**

- Give the CA as much information as possible about your call prior to the CA dialing.

For example, if you know you are calling an automated system that requires you to select from a number of options, let the CA know which options you want before the call is placed. If you reach an answering machine, the CA will get your full message and then call back to leave that message. You have the option of having the CA play an active role or a passive role. In the active role, the CA will re-voice everything you say. In the passive role, the CA will only re-voice those parts of the conversation that are not being understood. You control how you want your call to proceed.

- Once the call is connected, everyone on the call will be able to hear each other.
- The CA will re-voice three- to four-word segments unless you request otherwise.
- The CA will clarify anything that is not clear before re-voicing.
- It is helpful if you pause while the CA re-voices.
- You should not be concerned with the length of time a call may take. There is no time limit.
- You or the person you are calling may request that the CA remain in the background. If you need the CA to begin re-voicing at any time during the call, you must request the CA to do so. This is especially helpful when calling family, friends or others who are familiar with your speech.
- Say "GA" or "Go Ahead" when you are finished speaking and ready for a response.
- You may make as many consecutive calls as you want.

You are in charge of your call. You may request a male or female CA—and as long as one is available, your request will be honored.

Additionally, AZ Relay Speech-to-Speech users may request to have their voice muted at any time during a STS call. This option can also be a standard feature of your relay customer profile.