

April 1, 2024

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

RE: Docket Number M-2024-3045235

OVR Submission of 2024-2025 program budgets

- Telecommunication Devices Distribution Program (TDDP)
- Print Media Access System Program (PMASP)

Dear Secretary Chiavetta:

Enclosed is the TDDP and PMASP 2024-2025 budget information. This information is a required submission annually to the Pennsylvania Public Utility Commission.

If you have any questions, please do not hesitate to contact Jeff Cushey at jcushey@pa.gov or 717.783.3882.

Sincerely,



4/1/24

Signature

Ryan Hyde, Executive Director, Office of Vocational Rehabilitation

Cc: Dawn Sokol
Doug Rand
Jeff Cushey
Rebecca Gardner
Melissa Derr, PA PUC

OVR's Mission: To assist Pennsylvanians with disabilities to secure and maintain employment and independence.

Department of Labor & Industry | Office of Vocational Rehabilitation

651 Boas Street | Harrisburg, PA 17121

717.787.5244 | Fax 717.705.9345

www.dli.pa.gov/OVR | Facebook: @PAVocRehab | Twitter: @PA_OVR | Instagram: @PA_OVR | LinkedIn: PA OVR

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program

Eric Jeschke, PA PUC
Scott White, NFB
Lisa Pletz

Enclosure

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TELECOMMUNICATION DEVICE DISTRIBUTION PROGRAM

Budget Filing Information Requirement: File Items 1-3

Docket Number: M-2024-3045235

FILE ITEMS:

1-2 BUDGET ESTIMATE – JULY 1, 2024 TO JUNE 30, 2025 BREAKDOWN OF THE TYPES OF UNITS, THE PRICE OF EACH TYPE OF UNIT, AND THE NUMBER OF EACH TYPE OF UNIT PROJECTED TO BE DISTRIBUTED IN THE PROSPECTIVE BUDGET YEAR.

Telecommunication Device Name (Wireline and Wireless)	Projected Units	Unit Price	Projected Total
Clarity Alto, Corded Amplified Telephone	15	\$98.95	\$1,484.25
Clarity Alto Plus, Corded Amplified Telephone	20	\$104.95	\$2,099.00
Clarity JV35, Corded Amplified Telephone	25	\$92.95	\$2,323.75
Clarity JV35W, Corded Amplified Telephone	15	\$92.95	\$1,394.25
Serene Innovations HD-40P, Corded Amplified Phone Telephone	10	\$62.95	\$629.50
Clarity HA-40, In-Line Handset Amplified	5	\$20.95	\$104.75
Clarity XLC2+, Amplified Cordless Telephone	20	\$93.95	\$1,879.00
Panasonic KX-TGM 430B, Amplified/Cordless/Bluetooth/Ans. Machine	25	\$106.50	\$2,662.50
Panasonic KX-TGM 450S, Amplified/Cordless/Ans. Machine	50	\$109.50	\$5,475.00
Clarity XLC8, Amplified/Cordless/Bluetooth/Ans. Machine	20	\$134.95	\$2,699.00
CapTel 840 Plus, Captioned Telephone	15	\$90.25	\$1,353.75
CapTel 840i, IP Captioned Telephone	20	\$90.25	\$1,805.00
CapTel 880i, IP Captioned Telephone	20	\$90.25	\$1,805.00
CapTel 2400i, Touch Screen, IP Captioned Telephone w/Speakerphone	20	\$90.25	\$1,805.00
UltraTec SuperPrint 4424A, TTY with ASCII	5	\$380.00	\$1,900.00
Clarity XLC8-GLT (VCO)	20	\$375.00	\$7,500.00
Reizen, Big Button Speaker Phone	10	\$28.00	\$280.00
ClearSounds CR200, Loud Ring Signaler	35	\$41.95	\$1,468.25
Apple iPhone SE, 128GB Smart Phone	50	\$734.00	\$36,700.00
Apple iPhone 13, 128GB Smart Phone	130	\$1,129.00	\$146,770.00
Samsung Galaxy S21FE 5G, 128GB Smart Phone	60	\$988.00	\$59,280.00
Google Pixel 7, 128GB Smart Phone	10	\$968.00	\$9,680.00
MiniVision2+ Mobile Phone	55	\$489.00	\$26,895.00
SmartVision3-Omni Hybrid Phone	30	\$768.00	\$23,040.00
Apple iPad 4G, 32GB Tablet	50	\$749.00	\$37,450.00
Samsung Galaxy Tab S7FE 5G 64GB Tablet	25	\$1,058.00	\$26,450.00

Serene Innovations SA-40 HearAll Bluetooth Cell Phone Amplifier	10	\$74.95	\$749.50
Serene Innovations RF-200, Ringer Flasher Alerting Device	75	\$51.95	\$3,896.25
Bellman & Symfon Vibio Bed Shaker	75	\$68.00	\$5,100.00
Equipment approved through exceptional equipment process (est.)			\$30,000.00
Grand Total	920		\$444,678.75

1. – 2. BUDGET ESTIMATE FOR CONSUMER EDUCATION: JULY 1, 2024 – JUNE 30, 2025

TDDP Equipment (Wireline & Wireless)	\$444,678.75
TDDP Consumer Education and Outreach	\$373,275.50
Total of Budget Estimate (2024-2025)	\$817,954.25

FILE ITEMS:

3. OVERVIEW OF THE TELECOMMUNICATION DEVICE DISTRIBUTION PROGRAM

1. ELIGIBILITY

- Resident of Commonwealth of Pennsylvania
- Certification of a qualified disability
- Financial eligibility – annual gross income must be at or below 200% of poverty, based on the US Department of Health and Human Services Federal Poverty Guidelines
- Phone service in home for wireline device
- Acknowledgement that they have, or will have access to wireless services for wireless device
- Age of person (six or older)
- Ability to use or learn how to use telecommunication device

2. SCOPE OF PROGRAM

Pre-approved equipment available:

- Clarity Alto, Corded Amplified Telephone
- Clarity Alto Plus, Corded Amplified Telephone
- Clarity JV35, Corded Amplified Telephone
- Clarity JV35W, Corded Amplified Telephone
- Serene Innovations HD-40P, Corded Amplified Phone Telephone
- Clarity HA-40, In-Line Handset Amplified
- Clarity XLC2+, Amplified Cordless Telephone
- Panasonic KX-TGM 430B, Amplified/Cordless/Bluetooth/Ans. Machine
- Panasonic KX-TGM 450S, Amplified/Cordless/Ans. Machine
- Clarity XLC8, Amplified/Cordless/Bluetooth/Ans. Machine
- CapTel 840 Plus, Captioned Telephone
- CapTel 840i, IP Captioned Telephone
- CapTel 880i, IP Captioned Telephone
- CapTel 2400i, Touch Screen, IP Captioned Telephone w/Speakerphone

- UltraTec SuperPrint 4424A, TTY with ASCII
- Clarity XLC8-GLT (VCO)
- Reizen, Big Button Speaker Phone
- ClearSounds CR200, Loud Ring Signaler
- Apple iPhone SE, 128GB Smart Phone
- Apple iPhone 13, 128GB Smart Phone
- Samsung Galaxy S21FE 5G, 128GB Smart Phone
- Google Pixel 7, 128GB Smart Phone
- MiniVision2+ Mobile Phone
- SmartVision3-Omni, Hybrid Mobile Phone
- Apple iPad 4G, 32GB Tablet
- Samsung Galaxy Tab S7FE 5G, 128GB Tablet
- Serene Innovations SA-40 HearAll Bluetooth Cell Phone Amplifier
- Serene Innovations RF-200, Ringer Flasher Alerting Device
- Bellman & Symfon Vibio Bed Shaker

Exceptions to pre-approved equipment list

- Limited to equipment serving the same purposes as equipment on the pre-approved list. Exceptions process must be followed.

Ownership / Maintenance:

- Customer owns equipment, which includes a one-year manufacturer defect warranty; customer is responsible for maintenance.

Delivery Method:

- Equipment is sent directly to customer from manufacturer/vendor.

Equipment Limits:

- Based on certification of the individual's need.
- One item from each "category" (e.g., no more than one telephone although individual may ALSO receive one signaler), unless approved through the Exceptions Process.
- Eligible applicant may receive both wireline and wireless equipment from TDDP.

3. ACTIVITIES ACCOMPLISHED

Activity report for the period of **1/1/23 through 12/31/23:**

- Total number of eligible wireline and wireless applications: **309**
- Total number of equipment devices issued: **317**
- Total number of device recipients: **298 unduplicated recipients (9 recipients received both wireline and wireless devices)**
- Total dollar value of devices issued: **\$231,747.65**
- Total number of program inquiry responses: **1,201**

Age categories of device recipients for the period of **1/1/23-12/31/23:**

- Under 65: **140 unduplicated (53%)**
- 65 and over: **158 unduplicated (47%)**

Race categories of applicants for the period of **1/1/23-12/31/23**:

- African American: **65**
- American Indian: **0**
- Asian: **3**
- Caucasian: **200**
- More Than One Race: **3**
- Unreported: **27**

Ethnicity of applicants for the period of **1/1/23-12/31/23**:

- Hispanic: **15**
- Non-Hispanic: **264**
- Unreported: **19**

(54 / 67) Counties (81% of the Commonwealth) of device recipients for the period of **1/1/2023 to 12/31/2023**

County	Recipients	County	Recipients
Adams	1	Lackawanna	8
Allegheny	33	Lancaster	5
Armstrong	0	Lawrence	3
Beaver	1	Lebanon	0
Bedford	0	Lehigh	12
Berks	12	Luzerne	1
Blair	4	Lycoming	11
Bradford	2	McKean	4
Bucks	3	Mercer	6
Butler	3	Mifflin	3
Cambria	4	Monroe	2
Cameron	0	Montgomery	6
Carbon	3	Montour	0
Centre	6	Northampton	4
Chester	7	Northumberland	1
Clarion	2	Perry	1
Clearfield	8	Philadelphia	52
Clinton	2	Pike	0
Columbia	1	Potter	0
Crawford	8	Schuylkill	4
Cumberland	6	Snyder	0
Dauphin	5	Somerset	1
Delaware	6	Sullivan	0
Elk	2	Susquehanna	3
Erie	19	Tioga	1
Fayette	4	Union	1
Forest	0	Venango	4
Franklin	1	Warren	1
Fulton	1	Washington	2

Greene	0	Wayne	1
Huntingdon	1	Westmoreland	5
Indiana	1	Wyoming	0
Jefferson	2	York	8
Juniata	0	Total	298 unduplicated device recipients

Budget Filing Information Requirements: File Items 4 – 19

Docket Number # M-2024-3045235

FILE ITEMS:

4. Actual Number of Units Distributed & the Actual Cost of Units Distributed:

During the period of January 1, 2023 to December 31, 2023, **317** pieces of equipment were distributed. (See Attachment A for itemized listing of equipment.)

Actual cost of equipment distributed: **\$231,747.65**

5. Designated Administrator:

Temple University's College of Education and Human Development

Institute of Disabilities: TechOWL

1301 Cecil B. Moore Avenue

Ritter Annex, RA430

Philadelphia, PA 19122

(800) 204-7428 (voice)

711 (TTY)

(215) 204-6336 (fax)

TDDP@temple.edu (email)

<https://techowlpa.org/tddp>

Contact Person: Laura M. Grassia, Program Manager or Sandra McNally, Assistant Director of Assistive Technology Programs

6. Distributors:

The following companies have been selected through Temple University's non-competitive bidding process to supply equipment to the TDDP:

Teltex, Inc.

1081 West Innovation Drive, Kearney, MO 64060

(888) 515-8120 (Voice/TTY); (816) 635-4043 (Fax)

Weitbrecht Communications Incorporated (WCI)

2801 Ocean Park Boulevard, #413, Santa Monica, CA 90405

(800) 233-9130 (Voice/TTY); (310) 450-9918 (Fax)

Raz Mobility
1934 Old Gallows Road, Suite 350, Tysons Corner, VA 22182
(800) 729-0083 (Voice/Text)

Distributors for equipment approved through the exceptional equipment process are selected in accordance with Temple University's procurement policies and procedures.

7. Description: (See Attachment B: TDDP Application)

- Residency: Applicant will provide proof of residency by attaching one of the following to the application: a current driver's license, non-driver photo I.D., utility receipts, dated Social Security correspondence, local, state, or Federal tax returns with preprinted name and address, etc.
- Person with a Disability: A licensed physician, licensed audiologist, licensed speech pathologist or other recognized state agency (e.g. Office of Vocational Rehabilitation Counselor, Department of Public Welfare or Social Security Administration Case Worker, Department of Aging, Department of Education, Department of Health, Office for the Deaf and Hard of Hearing) must certify on the application that the applicant has a disability and is capable of learning how to use the telecommunication device selected. We interpret that a "representative of a qualified state agency" includes relevant Pennsylvania-licensed professionals, employees of a Center for Independent Living, or credentialed Assistive Technology Professionals (ATP).
- Telephone Service: Applicants for wireline equipment must attach a copy of their phone bill.
- Wireless Carrier Service: Applicants for wireless equipment acknowledge that they have, or will have, access to wireless services.
- Six Years of Age or Older: The age of the applicant is part of the application.
- Income: Applicant must indicate their gross current income and attach evidence to verify that amount.
- Additional documentation is required for eligible applicants seeking alternate equipment through the exceptions process, in accordance with the exceptions policy.

8. Applicant Tracking:

Applicants are tracked by name and a unique application number assigned by the administrators at the time of application.

9. Delivery of Equipment:

The vendor(s) directly ship the equipment to the applicant's residence.

10. Ownership of Equipment:

The recipient owns the equipment and agrees that they may not sell the equipment they receive from TDDP.

11. Maintenance of Equipment:

Recipient is responsible for maintaining equipment. Vendors will repair or replace equipment under the manufacturer's warranty, if applicable.

12. Insurance of Equipment:

Recipient is responsible for insuring the equipment.

13. More Than One Eligible Person in a Household:

There are no household restrictions; eligibility is based on an individual's qualification.

14. Use of Equipment at Job Site:

The recipient owns the equipment and can use it anywhere he or she wishes. The law did not address this issue.

15. Useful Life of Equipment:

Vendors have agreed to provide a one year or manufacturer's warranty, whichever is longer. If equipment breaks after expiration of the warranty, the recipient is responsible for repair or replacement. The useful life varies for each device, but industry representatives report the equipment should last 3-6 years and possibly longer.

16. Replacement Equipment:

Recipients may re-apply for replacement equipment after three years if the device is no longer working. A new application must be filed, and the eligibility criteria in effect at the time of re-application must be met. If a recipient's disability changes and the original equipment no longer addresses the recipient's needs, the recipient may file a new application for different equipment at any time (e.g., even sooner than three years). The replacement policy also allows replacement in the event of theft or loss due to fire and other disaster. Eligible applicants may receive both wireline and wireless equipment, if needed.

17. Any Procedural Changes or Updates:

The 2024 Poverty Guidelines were published in the Federal Register on January 12, 2024, and posted on the HHS website: <https://aspe.hhs.gov/poverty-guidelines>. The TDDP application was revised to reflect this change, and beginning January 12, 2024, these guidelines are used to determine TDDP financial eligibility.

18. A Copy of Any Audit:

An audit of program years July 1, 2019 through June 30, 2022 is currently in progress.

19. Any Additional Pertinent Information or Comments:

Work Items to be addressed through June 30, 2024:

- Continue to provide program updates and other relevant information to the Information Centers through e-mail.
- Continue outreach activities, including statewide events and underserved populations.
- Revise and distribute updated applications, reflecting current federal poverty guidelines and changes to the equipment list.
- Update website to reflect current financial eligibility, new equipment, and listing of Information Centers.
- Continue consumer education activities, including but not limited to provision of support to device recipients who need additional assistance to use their equipment.
- Continue to recruit Information Centers.

Items accomplished by TechOWL, Institute on Disabilities from July 1, 2023 to December 31, 2023:

- Contracted with 8 Assistive Technology Resource Centers, responsible for the provision of outreach, consumer education, and consumer support in their respective regions.
- Promoted TDDP at a total of 60 in person or virtual outreach events, reaching approximately 7,190 people including 3 underserved communities.
- Sent mailings and published articles in newsletters containing TDDP information to organizations and professionals, including but not limited to: state legislators, senior centers, veterans' organizations, community organizations, and churches. These mailings and newsletters reached approximately 944 people. Social media posts containing TDDP information reached an estimated 144,341 people.
- Sixteen (16) TDDP consumers requested and received assistance with equipment they received from the program totaling 17.5 hours.
- Prepared and submitted annual report to OVR, for submission to the General Assembly.
- Attended Assistive Technology Advisory Committee meeting, Telecommunication Relay Service Advisory Board meetings and the Telecommunication Equipment Distribution Programs Association's annual virtual meeting. Staff also attended the TDI conference in Maryland.

Traditional Wireline Device Name	Unit Price	Quantity Ordered	Value of Equipment Ordered
Clarity Alto, Amplified Telephone	\$98.95	1	\$ 98.95
Clarity AltoPlus, Amplified Telephone	\$104.95	2	\$ 209.90
Clarity HA-40, In-Line Handset Amplifier	\$20.95	0	-
Clarity JV35, Talking Amplified Telephone	\$92.95	9	\$ 836.55
Clarity JV35W, Talking Amplified Telephone	\$92.95	3	\$ 278.85
Serene Innovations HD-40P, Amplified Photo Telephone	\$62.95	1	\$ 62.95
Clarity XLC2+, Amplified Cordless Telephone	\$93.95	9	\$ 845.55
Clarity XLC8, Amplified/Cordless/Bluetooth/Ans.Mach (Substitution)	\$134.95	5	\$ 674.75
*Panasonic KX-TGM430B, Amplified/Cordless/BT/Ans.Mach	\$106.95	0	-
Panasonic KX-TGM450S, Amplified/Cordless/Ans. Machine	\$109.50	22	\$ 2,409.00
CapTel 2400i, (Touch Screen) Captioned Telephone	\$90.25	4	\$ 361.00
CapTel 840 Plus, Captioned Telephone	\$90.25	4	\$ 361.00
CapTel 840i, Captioned Telephone	\$90.25	2	\$ 180.50
CapTel 880i, Captioned Telephone	\$90.25	0	-
Ultratec Superprint 4425 with ASCII, TTY	\$380.00	0	-
Clarity XLC8-Google Live Transcribe (VCO)	\$375.00	1	\$ 375.00
Reizen, Big Button Speakerphone	\$28.00	2	\$ 56.00
Clearsounds CR2000, Loud Ring Signaler	\$41.95	3	\$ 125.85
Sonic Alert TR75VR, Flashing Light Signaler	\$39.95	2	\$ 79.90
TOTALS		70	\$ 6,955.75

*Manufacturer's backorder. See Substitution



Application for Free Special Phones from TechOWL

Return completed application to:

**TechOWL Free Special Phone Program
Institute on Disabilities at Temple University
Ritter Annex 4, Room 430
1301 Cecil B. Moore Avenue
Philadelphia, PA 19122**

Email: TDDP@temple.edu

Fax: 215-204-6336

Tel: 800-204-7428

TTY: 711

**Please keep this page in case you need to contact us.
Tell us if you change your phone number, email, or address
after you send your application.**

7/23

What will happen after you send in your completed application:

- We look at your application.
- We send you a letter saying your application is eligible, incomplete or not eligible.
- The letter comes from Temple University. It is NOT a bill or junk mail.
- Please be patient with us.

The Free Special Phone Program (Pennsylvania's Telecommunication Device Distribution Program) is implemented by TechOWL, a program of the Institute on Disabilities at Temple University, in conjunction with the PA Public Utility Commission (PUC).

Application for Free Special Phones from TechOWL 7/23 p.1

We highly recommend a device demonstration or loan since there is a no exchange policy. Call 800-204-7428 to schedule.

- I will call to schedule an equipment demonstration or loan before sending my application.
- I do not want an equipment demonstration or loan. I understand there are no exchanges after I receive my device.

Do you already own equipment like what you are requesting from TechOWL (i.e. smartphone, tablet, captioned or amplified phone)? Yes No

If yes, what? _____

If yes, please check one answer below:

My equipment is:

- is broken or only works sometimes
- is borrowed
- does not work for me because _____

I will use this device at: (check one)

- Home
- School
- Work

I want to be contacted by:

- mail
- email

Applicant Information—to be completed by applicant (PLEASE PRINT)

Name (Last) _____ (First) _____ (MI) _____

Address (P.O. Box not accepted) _____

City _____ Zip _____ County _____

Area Code/Tel _____ Date of Birth _____

Email _____

Person assisting you with application, if any

Name _____ Relationship _____

Area Code/Tel _____ Email _____

Parent or guardian for applicants under 18 years old

Name (Last) _____ (First) _____ (MI) _____

Area Code/Tel _____ Email _____

Applicant Annual Income and Family Members

7/23 p.2

You must attach the **applicant's** most current proof of income. Examples of proof of income include W-2's, 1099s or award letters from retirement and/or Social Security income. If you need a copy of your Social Security income statement, please call 1-800-772-1213. We cannot accept bank statements or the 1040 tax form.

Number of people living at this (applicant's) address including applicant: _____

Other Applicant Information (required)**Reason for using the Free Special Phone Program**

- I cannot afford equipment
 This equipment is only available through the Free Special Phone Program
 I could use other programs, but the system is too complex and/or the wait is too long

How did you hear about us?

- friend/relative
 support person
 web
 brochure/flyer
 presentation/exhibit by _____
 other (specify) _____

If applying for a cell phone or tablet, please complete the following questions:

Do you currently have a cell phone plan? Yes No

If you checked "yes", what is the name of the cell phone plan?

(Attach a copy of your current cell phone bill, receipt for data card purchase or other proof of service.)

If you checked "no", are you able to get a cell phone plan? Yes No

Have you ever used a cell phone or tablet? Yes No

Do you currently use any of the following types of technology? (Check all that apply):

- Hearing aid
 Cochlear implant
 Speech generating device
 Relay (IP, VRS, TTY, STS, VCO, HCO, Captioned telephone)
 Other (List) _____
 Not applicable

Please note: You must get and keep a cell phone plan with a cell phone company if you are applying for a free cell phone or tablet.

OPTIONAL

Race:

- Black or African American
- Asian or Asian-American
- White or Caucasian
- American-Indian or Alaska Native
- Other (specify) _____
- Prefer not to answer

Ethnicity:

- Hispanic
- Non-Hispanic

Gender:

- Male
- Female
- Other
- Prefer not to answer

REQUIRED: Applicant's Statement and Signature

IMPORTANT: Submit application no later than 30 days after you have signed and dated it.

- I certify that all information provided on this application and supporting documents is true, complete and correct.
- I understand that if I purposely provide false information, I may be subject to legal action and application denial.
- Program officials have my permission to verify the information provided.
- I certify that I have read, understand and accept all conditions set forth in this application and have the ability to learn to use the equipment selected.
- I understand that I may not sell, give, or lend to another person any equipment provided to me by the program.
- **For free cell phones or tablets only: This program gives only the equipment. I will be responsible for all services related to the equipment**, including activation fee, monthly service plan, software and app updates, and will use the device to access phone and telecommunications-related services, such as video relay, email and texting. **I will activate the device on a cell phone plan within 30 days of receipt.** If I fail to submit proof of a cell phone plan, I may not be able to access services from TechOWL in the future.

Applicant signature _____ Date _____

For applicant is under 18

Parent/legal guardian/signature

_____ Date _____

NOTE: If you are having trouble making a decision about which equipment might work for you, please contact or visit one of the Assistive Technology Regional Centers (ATRCs). You can also request a device to try out from our Lending Library. **We cannot lend cell phones.*

Certification of Disability

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Please print legibly or type. All information must be completed by a professional. (Return to: TDDP@temple.edu OR fax: 215-204-6336)

Applicant Name

(Last) _____ (First) _____ (MI) _____

Please check one. I am a(n):

- | | |
|--|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Ophthalmologist |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Service Professional (public or private agency that serves deaf, hard of hearing and deafblind, Center for Independent Living employee, credentialed Assistive Technology Professional) |
| <input type="checkbox"/> Physician's Assistant | |
| <input type="checkbox"/> Vocational Rehabilitation Counselor | |
| <input type="checkbox"/> Registered Nurse Practitioner | |

Please check the disability(ies) being certified:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> cognitive* | <input type="checkbox"/> low vision |
| <input type="checkbox"/> deaf | <input type="checkbox"/> hard of hearing |
| <input type="checkbox"/> blind | <input type="checkbox"/> physical* |
| <input type="checkbox"/> deafblind | <input type="checkbox"/> speech |

*If you marked cognitive or physical disability, please explain why the applicant needs a specialized phone and/or wireless device and /or identify accessibility features that can be helpful (i.e. voice access for limited dexterity, photo labeled memory buttons for impaired cognition) _____

Certifying Professional

Full Name _____

Title _____ Agency _____

PA Professional License Number, if applicable _____

Area Code/Tel _____ Fax _____

Email _____

I certify that the applicant named above has the disability indicated, and that they require this technology to independently access telecommunication services.

Signature of Certifier _____ Date _____

Before you send in your application, read this list and check the boxes to make sure your application is complete. Failure to submit all the items will result in a delay. Keep a copy of your entire completed application for your records.

- Completed application** with all questions answered and all blanks filled in.
- Completed Disability Certification** (filled out by a certifying professional listed on the form).
- Completed Equipment Selection Sheet** with one piece of equipment and/or one signaler that will work for you.

Submit photocopies of documents with the following information:

- Proof of PA residency** with the applicant's name and current street address—this includes one of the following:
 - current driver's license *or*
 - non-driver ID *or*
 - utility bill *or*
 - dated Social Security correspondence *or*
 - copies of W-2s *or*
 - school report card *or*
 - other documentation pre-printed with applicant's name and current street address.
- Proof of applicant's income** (Examples of proof of income include W-2's, 1099s or award letters from retirement and/or Social Security income. If you need a copy of your Social Security income statement, please call 1-800-772-1213). Your most **recent information** is required. We cannot accept bank statements or the 1040 tax form.
- For a free home phone only: Proof of most recent** telephone service bill (e.g. If you sign your application in May, include the April bill.) Send the entire bill. We must know what type of services you have in your home to make sure the requested device will work for you.
- For free wireless devices only. Proof of wireless service**—this includes one of the following:
 - a receipt of activation from your cell phone plan *or*
 - a copy of current monthly cell phone bill *or*
 - receipt from a data plan card purchase *or*
 - redacted bank statement with the monthly charge noted *or*
 - annual renewal letter or email for a government phone plan *or*
 - screen shot from you cell phone plan's mobile app

If you currently do not have cell phone service, you will be required to submit one type of cell phone plan proof from the above list. You will have 30 days to submit proof of a cell phone plan after you receive you cell phone or tablet. This applies to both cell phones or tablets.

Free Special Phones Eligibility Criteria

Person with a disability

- This disability prevents a person from making or receiving telephone calls independently. A qualified professional must complete the certification of disability.

Income limits

- We only use the applicant's proof of income. This does not include family/ household income.

FINANCIAL ELIGIBILITY CRITERIA GUIDELINES

(as of January 12, 2024):

size of family unit	GROSS INCOME (200% of federal poverty guidelines)
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

Age

- Six (6) years or older.

Residence

- Resident of Pennsylvania.

Resources

- Must have an existing landline telephone service
- Must certify to obtain a wireless service agreement to use with the wireless device
- Must be able to learn how to use requested equipment.

Equipment ownership and responsibility

- Your selection is FINAL and CANNOT BE EXCHANGED. It is your property and responsibility. A durable, protective case and/or screen protector for your wireless device is NOT included with your equipment. It is highly recommended that you purchase one. Your device comes with a one-year manufacturer's warranty. Please consider extending that warranty through either the manufacturer or your cell phone service company.

- Information will be kept confidential except as required by law.
- All equipment is covered by a limited manufacturer defect warranty. If it is defective or stops working, the recipient contacts the vendor for repairs. Repairs for damages due to abuse or neglect are not covered.
- Stolen equipment can be replaced only when a police report of theft is provided.

If you need help completing this application, or need it in an alternate form, please contact us:

tel: 800-204-7428 / TTY: 711

email: TDDP@temple.edu

web: TechOWLpa.org

The Free Special Phone Program (Pennsylvania's Telecommunication Device Distribution Program) is implemented by TechOWL, a program of the Institute on Disabilities at Temple University, in conjunction with the PA Public Utility Commission (PUC).

Free Special Phone Equipment Selection

You must submit your equipment selection with your application.

Category A: Select only ONE device from any row below that best fits your needs.

AMPLIFIED



Clarity Alto
Pearl White



Clarity Alto
Plus



Clarity JV35
 Clarity JV35W
(white buttons)



Serene
Innovations
HD-40P



Clarity HA40
In-line Handset
Amplifier

AMPLIFIED CORDLESS



Clarity XLC2+



Panasonic
KX-TGM 450S



Panasonic
KX-TGM 430B
(back-ordered)



Clarity XLC8
(substitute for
Panasonic 430B)

CAPTIONED, TTYS AND OTHER PHONES



CapTel 840 PLUS
(analog or DSL service
compatible)



CapTel 840i



CapTel 880i



CapTel 2400iSP
(touchscreen
display)



Ultratec SuperPrint
4425 TTY with ASCII



Clarity XLC8-GLT
(VCO)



Reizen Big Button
Speakerphone

Category B: Select only ONE signaler.



Clearinghouse
Loud Ring
Signaler

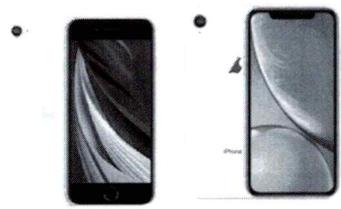
NONE (No device
from Category B
needed.)

For details go to: <https://techowlpa.org/tddp>. List revised January 2024.
If none of the listed equipment will meet your needs, please contact TechOWL.

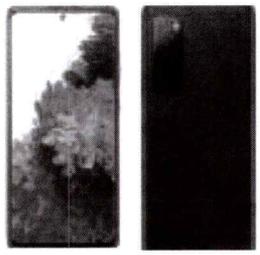
Free Wireless Devices and Equipment Selection
 You must submit your equipment selection with your application.

Category A: Select only ONE device from any row below that best fits your needs.

PHONES



- Apple iPhone SE (4.7 Inch Screen) OR
- Apple iPhone 13 (6.1 Inch Screen)



- Samsung Galaxy S21 FE 5G



- Google Pixel 7



- Mini Vision 2+ Mobile Phone



- Omni-mart Vision 3 Smart Phone (T Mobile only)

TABLETS



- Apple iPad 4G



- Samsung Galaxy Tab S7 FE

- Verizon
- T-Mobile
- AT&T

CELLPHONE AMPLIFIER



- Serene Innovations SA-40 HearAll Cellphone Amplifier

Category B: Select only ONE signaler



- Serene Innovations Ringer Flasher RF200 Alerting Device



- Smart Signaler: Bellman & Symfon Vibio Bed Shaker

- NONE (No device from Category B needed.)

For details go to: <https://techowlpa.org/tddp>. List revised January 2024.
 If none of the listed equipment will meet your needs, please contact TechOWL.

NFB-NEWSLINE® Pennsylvania Budget

Updated: 03/01/24

I. INTRODUCTION

This Agreement provides for the activation, operation, and maintenance of an automated, interactive audio-information news services known as NFB-NEWSLINE, which supplies text-to-speech newspapers, periodicals, and various other information sources to blind, visually impaired, and other individuals with print disabilities. NFB-NEWSLINE subscribers have access to national newspapers, breaking news sources, international newspapers, magazines, state newspapers, emergency weather alerts, and seven-day forecasts localized to the subscriber's zip code or GPS location, more than 100,000 job listings, TV listings localized to the subscriber's zip code and provider, and retail ads.

Anyone who cannot read printed publications due to vision loss or a print disability is eligible to receive NFB-NEWSLINE free-of-charge.

Once signed up for NFB-NEWSLINE, a subscriber may access the service using a touchtone telephone; the Amazon Alexa; an iOS mobile app for iPhone, iPod or iPad; a secure, text-only website; email; National Library Service Digital Talking Book player; and the Victor Reader Stream portable player.

II. TERM

This Agreement has a one-year term and will commence on July 1, 2024 ("**Effective Date**"), and terminate at 11:59 p.m. on June 30, 2025 ("**Expiration Date**").

III.

A. Compensation

This is a fixed price contract. As consideration for the services set forth in this Agreement, the Pennsylvania Office of Vocational Rehabilitation will compensate the NFB in accordance with the fee schedule below. Any modification to this fee schedule must be in writing, signed by both parties, and include an effective date.

The fees for the NFB-NEWSLINE service consist of the following:

- (1) an annual service fee in the amount of \$44,000.00, payable in quarterly installments of \$11,000.00

The eleven Newspapers included with the annual service fee are:

1. *Centre Daily Times*
2. *Hanover Evening Sun*
3. *Intelligencer*

4. *Lebanon Daily News*
5. *LNP Lancaster Always Online*
6. *Patriot News*
7. *Philadelphia Daily News*
8. *Philadelphia Inquirer*
9. *Sharon Herald*
10. *Wilkes-Barre Times Leader*
11. *York Dispatch*

Each one of the seventeen publications listed below will incur a charge of \$5,000 each per year, (\$85,000.00.00 annually) for maintenance and distribution, payable in quarterly installments of \$21,250.00.

- (1) *Allentown Morning Call*
- (2) *Altoona Mirror*
- (3) *Beaver County Times*
- (4) *Bucks County Courier Times*
- (5) *Butler Eagle*
- (6) *Citizens Voice*
- (7) *Daily American*
- (8) *Erie Times News*
- (9) *Harrisburg Magazine*
- (10) *Pittsburgh Post-Gazette*
- (11) *Pittsburgh Tribune Review*
- (12) *Pocono Record*
- (13) *Reading Eagle*
- (14) *Republican Herald*
- (15) *Standard Speaker*

(16) *Times Tribune*

(17) *Williamsport Sun Gazette*

an annual telecommunications fee in the amount of \$4,000.00 to provide unlimited, nationwide Direct Inward Dial access to NFB-NEWSLINE, payable in quarterly installments of \$1,000.00

an annual marketing and outreach fee in the amount of \$50,000.00, payable in quarterly installments of \$12,500.

Marketing and Outreach tasks will consist of the following:
subscriber registration and follow-up, including the distribution of materials needed for instruction for new subscribers in print, Braille, or audio format; distribution of brochures and other promotional materials at community events and exhibits; and the staffing of a help desk to answer calls from subscribers and those requesting NFB-NEWSLINE® information and materials. Additionally, administration of the state specific channel for Pennsylvania and posting of items of interest to the blindness community in the commonwealth will be included in this fee.

B. Additional Publications

If during the Agreement, Sponsor requests that an Additional Paper be carried on NFB-NEWSLINE, the fees for each Additional Publication will be:

a one-time, initial \$5,000.00 setup fee

an annual \$5,000.00 fee for the maintenance and distribution of the Additional Publication

Annual setup, maintenance, and distribution of new newspapers fee: \$20,000

This anticipates adding two publications at \$10,000 each.

Total budget: \$203,000 (July 1, 2024 - June 30, 2025)