



State of New Jersey

Department of Human Services

Division of the Deaf and Hard of Hearing

Equipment Distribution Program Application

The New Jersey Division of the Deaf and Hard of Hearing provides free assistive devices to those who are deaf or hard of hearing and who meet income eligibility requirements. Total combined household income must be no greater than 400% of the federal poverty level. Please input the number of members of your household.

The 2022 income guidelines are listed	2022 Federal Poverty Guidelines
Number of persons in family/household 400%	
1	\$54,360
2	\$73,240
3	\$92,120
4	\$111,000
5	\$129,880
For each additional person, add \$18,880	Source U.S. Department of Health and Human Services

Please follow this checklist to complete this application.

- Refer to page 2 for required documents to establish your proof of identity and residency **and**
- 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, such as a letter from Social security **or** US Department of Veterans Affairs.
- A copy of your New Jersey telephone bill showing your name, address, and telephone number if requesting a Wi-Fi or Internet based device.
- Please provide all requested items, and complete the application form (**please print legibly and sign where requested**)
- On pages 6 - 9, select the items you are requesting.

Mail, email, or fax all pages of this form to: **DDHH Equipment Distribution Program**
PO Box 074
Trenton, NJ 08625-0074
Fax: 609-588-2528
DDHH.communications2@dhs.nj.gov

Your identity, and that you live in New Jersey

One (1) document from List A or one (1) from List B + one (1) from List C

List A	OR	List B	AND	List C
Documents that Establish Both Identity and Residency		Documents that Establish Identity		Documents that Establish Residency
Please select one from the list below		Please select one from the list below		Please select one from the list below
<ul style="list-style-type: none">• NJ or Municipal ID card• NJ Driver's License• NJ Student ID• Utility, cell phone, or internet bill• Bank/insurance statement• 2019/2020 Tax Return• Paystub from employer• Rent receipt, lease, mortgage• Letter from social service agency• Letter from health care provider• Letter from government agency		<ul style="list-style-type: none">• Student ID card / transcript• Passport/Birth Certificate/Driver License from any country• Consulate ID card• A child's U.S. birth certificate and your name• Letter from IRS or ITIN• Marriage/divorce• U.S. court document		<ul style="list-style-type: none">• Signed and dated letter stating the full name and phone number of the person writing the letter from the following entities:<ul style="list-style-type: none">• Landlord, representative of worship, medical provider, service provider, shelter acknowledging you live in NJ.

New Jersey Equipment Distribution Program Form

Application Form

Please type or print clearly in blue or black ink.

First Name: Middle Initial: Last Name:

Mailing Address

Street – line 1:

Street – line 2:

City: County: Zip Code:

Telephone Number: (check one) Voice VP Fax TTY/TDD Cell

Email:

Physical Address *(If not the same as mailing address)*

Street – line 1:

Street – line 2:

City: County: Zip Code:

Proof of Identity

Please provide a copy of each as described below:

- A copy of your NJ Photo Driver's License or your NJ Photo State ID
- A copy of your NJ telephone bill and/or internet service showing your name, address, and telephone #
- A copy of your most recent pay stubs or source of income i.e. SSI, SSDI **OR** a copy of your most recent Federal Income Tax Form 1040 and/or NJ Income Tax Form 1040

How do you identify your disability: (Please check one)

Deaf/Hard of Hearing: Mild Moderate Profound Unable to speak intelligibly

All statements I have made in this application are true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

DDHH Equipment Distribution Program
PO Box 074, Trenton, NJ 08625-0074
Phone: 609-588-2648 or 800-792-8339, Fax: 609-588-2528
DDHH.communications2@dhs.nj.gov

New Jersey Equipment Distribution Program Form

Certification of Disability

Certifier: Please identify and verify that the applicant will benefit from the use of the requested technology. Please type or print clearly in blue or black ink.

Applicant's Name:

Today's date: (mm/dd/yyyy):

Certifier's Name

First Name: Middle initial: Last Name:

Business Name:

Street:

City: County: Zip Code:

Telephone Number: Fax:

Email:

Certification/License Number:

Expiration Date: (mm/dd/yyyy):

Your Profession:

Doctor/Physician

Audiologist or Hearing Aid Specialist

Speech Pathologist

Other (Please describe)

Signature: _____ Date: _____

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Equipment Distribution Program Form

NJ DDHH Conditions of Acceptance

I understand and agree to the following:

- The NJ DDHH is not responsible for my Wi-Fi telephone service or bills.
- If I change my address or phone number in New Jersey, I will provide updated information to NJ DDHH 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 NJ DDHH 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 NJ DDHH for instructions on returning the equipment. Equipment, including all accessories, should be returned to the manufacturer in the original boxes if the warranty has not expired.
- If equipment is reported as lost, a replacement will NOT be allowed.
- If equipment is returned and NJ DDHH 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 NJ DDHH before a replacement is allowed.
- Equipment is the property of the State of New Jersey. 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 New Jersey 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 NJ DDHH.
- A limit of one (1) smoke detector or baby alert system is provided through this program.
- Households must wait five (5) years before receiving another free phone.

Applicant's Signature: _____ Date: _____

New Jersey Equipment Distribution Program Form

Items for the Equipment Distribution Program



The Gentex **7139** for wall mount is a photoelectric single station smoke alarm designed to give reliable early warning of the presence of smoke where both audible and visual alarms are required. *It is recommended that this item be paired with the Sonic Alert HomeAware device.*



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 Sonic Alert HomeAware Fire and CO Signaler (flashing strobe light) - with built-in Smoke / CO listener, Phone, and Bed Shaker. This device is for use with your smoke detector and/or CO2 alarm system.



The SadoTech Wireless Doorbell is perfect for apartments and single-story homes. The indoor range is 500'. It has adjustable volume and multiple tone options.

New Jersey Equipment Distribution Program Form

Items for the Equipment Distribution Program



The Clarity XLCR Amplified Cordless Extra loud (50dB) phone with tone control (4 settings), boost button and volume control wheel to give you 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 any special configuration.



The CapTel 840 Plus gives you the flexibility to meet users' telephone needs with just one device. It works with an analog telephone line.

New Jersey Equipment Distribution Program Form

Items for the Equipment Distribution Program



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



The Sonic Alert Traditional System BC400 Baby Cry Transmitter is a wireless infant baby monitor alerts to baby's cries. It comes with an adjustable baby cry sound sensitivity control and plugs into any wall outlet.



The Sonic Blink wireless receiver, the BL300 has a built-in strobe light, designed for signaling. This powerful signal receiver's strobe light projects 360 degrees of flashing to remove blind spots.

New Jersey Equipment Distribution Program Form

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

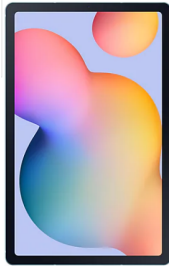
All devices include a 3 year warranty. We urge you to purchase a protective case for the device you select. DDHH does not provide cases. These devices are subject to breakage if they are dropped and with the protective case it is less likely you will damage the device if it is dropped. DDHH will not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

Your device will come with the following deaf and hard of hearing apps pre-installed: IP Relay, Video Relay Service, IP Captioned Telephone Service, Video Calls & Video Messaging.

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



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
B*Requires Cellular Service Plan.