

South Carolina EDP iPad® Project

The South Carolina Equipment Distribution Program (SCEDP) was established to provide qualified South Carolina residents with the telecommunications equipment needed to communicate with others by telephone. Select individuals may qualify to participate in the SCEDP iPad® Project **.

SCEDP's customers include people who are:

- Deaf
- Hard of Hearing
- Deaf-Blind
- Blind/Low Vision with Hearing Loss
- Speech Impaired

If you are eligible, you will get the equipment you need for as long as you need it. To qualify for the iPad® Project, you must be a legal, permanent resident of South Carolina, have phone service, have high-speed internet access in the home, have a permanent disability that prevents you from using an Amplified or Caption telephone and be confirmed by one of the following professional certifiers:

- Audiologist
- Physician
- Physician's Assistant
- Advanced Practice Registered Nurse
- Speech-Language Pathologist
- Hearing Instrument Specialist

**iPad® quantities are limited and will be distributed until monthly supply is exhausted

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**iPad® eligibility is for ages three and above.

How much will it cost?

There is no cost to you. The program is funded by the telephone subscribers of South Carolina. Funds are collected through a monthly surcharge on all telephone lines in the state.

SCEDP iPad® Project: Conditions of Acceptance

I understand and agree to the following:

- The SCEDP is not responsible for my telephone, wireless, or internet service or bills.
- I agree to set up the iPad® including turning it on, setting up an account with an email address, and reviewing the Apple Terms and Conditions.
- I agree to use the Apps on the device to make calls on the equipment.
- I agree to keep the iPad® in its protective case and understand that removal of the iPad® from the protective case may void the warranty.
- If I change my physical address, email address, or phone number in South Carolina, I will provide this information to SCEDP within 30 days.
- I will make advance arrangements to return my equipment in the event of my death.
- If I move to another state, I will contact SCEDP to arrange the return of equipment before I move. I will protect the equipment from damage. I will be responsible for providing batteries and other consumable needs.
- If equipment is not working, I will **NOT** try to repair it or take it apart. I will contact SCEDP for instructions on returning the equipment. Equipment, including all accessories, should be returned in the original boxes.
- If equipment is reported as lost, a replacement will NOT be allowed.
- If equipment is returned and SCEDP 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 SCEDP before a replacement is allowed.
- Equipment is the property of the State of South Carolina. 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 South Carolina 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 SCEDP.

Important Information

South Carolina Equipment Distribution Program

When completing your application, please keep in mind that it is very important that you provide all information requested on the application. An Application Checklist is included in this application packet to help you. However, if you have any questions, please contact us at one of our toll-free numbers listed on the application. Our normal office hours are 8:30am-5:00pm, Monday-Friday. We welcome your calls and will help you with your questions.

When SCEDP receives your application, it will be processed as quickly as possible. When approved, your equipment will be shipped within 30-45 business days. If an application is received that requires additional information from the applicant or the applicant's guardian, SCEDP staff will send a form letter indicating the exact information that is required. It will be your responsibility to respond with the requested information within a reasonable time frame. Pending applications are held for 180 days, after that time frame the applicant will need to reapply.

Right to Fair Treatment

The SCEDP will not discriminate against an individual because of color, race, sex, age, national origin, religion, marital status, political beliefs, or disability.

PRIVACY NOTICE

The South Carolina Equipment Distribution Program, administered by the South Carolina Office of Regulatory Staff, will follow the privacy practices of Section 30-4-40 (a) (2) of the South Carolina Code of Laws Ann. (1978 as amended).

South Carolina Equipment Distribution Program

1901 Main Street, Suite 1500

Columbia, SC 29201

Website:

www.scedp.sc.gov

Toll free: 1.877.225.8337 (Voice/Hearing)

1.877.889.8337 (TTY)

Email: AmplifyLife@ors.sc.gov

Local: 803.737.0808 (Voice/Hearing)

803.737.0846 (TTY)

Fax: 803.737.0842

Application Checklist

You must complete the following steps in order to receive equipment from SCEDP:

- ☐ Remove the Application Form from the booklet by tearing along the perforation. Complete the first page of the application by entering the requested applicant information. If you are a guardian* completing the application, please see the guardian information below.
- ☐ Have a certified professional complete and sign the "Professional Certification Form" on the back of your application certifying your hearing or speech disability.
- ☐ Request the iPad® APP package you need.
- ☐ Provide a copy of your valid SOUTH CAROLINA identification proving your residency in SOUTH CAROLINA. Accepted forms of identification are a current SC Driver's License, an SC Voter Registration Card, or an SC DMV-issued State ID card.
- ☐ Provide a copy of your phone bill that shows your phone number and South Carolina address.
- ☐ Sign your Application Form.
- ☐ Mail your completed Application and Professional Certification forms along with the copies of your current South Carolina Identification and phone bill to:

SCEDP
1901 Main Street, Suite 1500
Columbia, SC 29201

***If shipping address differs from address on application, please include that in the note section.**

***Guardian Information**

If you are a guardian completing the application on behalf of an applicant, please sign the application where it requests a "Guardian Signature" and complete the application where guardian information is requested. When you return the application and copy of the applicant's telephone bill to SCEDP, include a copy of your current and valid South Carolina identification and a copy of acceptable documentation proving your relationship to the applicant.

Examples of acceptable documents are: Marriage Certificate, Birth Certificate, Power-of-Attorney, Medical Power-of-Attorney, Department of Defense Military Dependent ID Card, Hospice or Assisted Living Facility Consent for Medical Treatment Form, or other appropriate documents. In the event of unavailable documentation, the SCEDP staff will review each application individually.

iPad® Application



Administered by the South Carolina Office of Regulatory Staff

Applicant Information Please print clearly in blue or black ink.

First Name: _____ MI: _____ Last: _____
Home Phone: _____ - _____ - _____ Other Phone: _____ - _____ - _____
Address: _____ City: _____ County: _____ Zip: _____
Birth Date: ____/____/____ Social Security (last four): _____ Email Address: _____
Contact Person _____ Phone: _____ - _____ - _____ Other Phone: _____ - _____ - _____
How did you learn about SCEDP? _____ Internet Access? Y___ N___
Income Range
☐ <\$30,000 ☐ \$30,000-\$60,000 ☐ >\$60,000

Guardian Information (if applicable)

First Name: _____ MI: _____ Last: _____
Home Phone: _____ - _____ - _____ Other Phone: _____ - _____ - _____
Address: _____ City: _____ County: _____ State: _____ Zip: _____

Product Selection Choose one of the following Apps packages based upon your communication need

iPad® Apps Packages

- ☐ 1. **Deaf** Apps include: IP Relay Service, Video Relay Service, IP Captioned Telephone Service, Video Calls
- ☐ 2. **Hard of Hearing** Apps include: IP Relay Service, Video Relay Service, IP Captioned Telephone Service, Video Calls
- ☐ 3. **Speech Impaired** Apps include: IP Relay Service, Video Relay Service, Alternative Augmentative Communications (AAC), Video Calls

Alert Systems

- ☐ A. Alarm Clock
- ☐ B. Central Alert Mini

Accessories

- ☐ i.Pager Receiver

Provide Document Copies

- ☐ Copy of your valid South Carolina identification. (**SC driver's license, SC ID card, or SC voter registration**)
- ☐ Copy of your **current phone bill** showing applicant's phone number and address.
- ☐ Proof of Guardianship/Power of Attorney

Agreement Note: Services are rendered at no charge to applicants.

I have read the Conditions of Acceptance and/or had them explained to me. I understand and agree to comply with all of the conditions of the South Carolina Equipment Distribution Program (SCEDP). I promise that the information I have provided is true and accurate to the best of my knowledge. I also understand that SCEDP may make certain non-protected health information available to a third party or other entities for the purposes of program administration, improvement, evaluation, or auditing. Protected health information may be disclosed pursuant to the HIPAA Release below.

SCEDP, ORS, ITS OFFICERS, AGENTS, EMPLOYEES AND AFFILIATES, MAKE NO WARRANTY, REPRESENTATION OR CONDITION OF ANY KIND REGARDING THE PRODUCTS CONTAINED HEREIN AND/OR PROVIDED THROUGH OR BY SCEDP, ALL PRODUCTS ARE PROVIDED WITHOUT WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

HIPAA RELEASE: This application contains protected health information. I hereby authorize SCEDP to communicate, share, and disclose protected health information to those person(s)/entities necessary for the purpose of delivering/installing specialized equipment applied for by me or my guardian in this application.

Applicant or Guardian Signature _____ **Relationship to Applicant** _____

Send form & documents to: SCEDP, 1901 Main Street, Suite. 1500, Columbia, SC 29201.

Certification



Administered by the South Carolina Office of Regulatory Staff

Instructions Please print clearly in blue or black ink.

TO THE APPLICANT: Please deliver this form to a licensed professional certifier, who will complete and return the form to you. For help finding a professional certifier, please contact SCEDP.

TO THE CERTIFIER: The applicant is requesting specialized telecommunications equipment. Please verify that the applicant's disability prevents or causes a reduced ability to use a standard telephone. If you have any questions, please call SCEDP.

Applicant Information

First Name: _____ Last: _____

Home Phone: _____ - _____ - _____ ***If shipping address differs from address on application, please include it in the Notes section.**

Disability Information

 Check all disabilities to be certified.

☐ Deaf ☐ Hard of Hearing ☐ Deaf-Blind ☐ Blind/Low Vision with Hearing Loss ☐ Speech Impaired

Required for Deaf & HOH: Is the client able to communicate on an Amplified or Captioning Phone? YES or NO (circle one)

Certifier Information

Certifier Name: _____

Office Phone: _____ - _____ - _____ Email Address: _____

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Company Name: _____ State License or Certification Number: _____

Your Profession:

- | | |
|---|--|
| ☐ Audiologist | ☐ Advanced Practice Registered Nurse (APRN) |
| ☐ Doctor/Physician | ☐ Speech-Language Pathologist |
| ☐ Physician Assistant (PA) | ☐ Hearing Instrument Specialist |

Certification

 Sign and return this form to the applicant.

I affirm that the above named individual meets the certification requirements of being deaf, hard of hearing, speech impaired, or dual sensory disabled as stated above.

Certifier Signature: _____ Date: _____

Certifier Notes Use this space to provide any additional information.

Notes:

Notes:

1. **Deaf**

IP Relay enables people who have difficulty hearing or speaking to communicate through the telephone system with hearing persons.

Video Relay enables persons with hearing impairments who use American Sign Language (ASL) to communicate with voice telephone users through video equipment. The interpreter facilitates communication.

IP Captioned Telephone Service allows a person with hearing loss, but who can use his or her own voice, to speak directly to the called party and read captions of what the other party is saying.

Video Calls enable persons with hearing loss who use American Sign Language (ASL) or Speech Reading to communicate.

2. **Hard of Hearing**

IP Relay enables people who have difficulty hearing or speaking to communicate through the telephone system with hearing persons.

Video Relay enables persons with hearing impairments who use American Sign Language (ASL) to communicate with voice telephone users through video equipment. The interpreter facilitates communication.

IP Captioned Telephone Service allows a person with hearing loss, but who can use his or her own voice, to speak directly to the called party and read captions of what the other party is saying.

Video Calls enable persons with hearing loss who use American Sign Language (ASL) or Speech Reading to communicate.

3. **Speech Impaired**

IP Relay enables people who have difficulty hearing or speaking to communicate through the telephone system with hearing persons.

Video Relay enables persons with hearing impairments who use American Sign Language (ASL) to communicate with voice telephone users through video equipment. The interpreter facilitates communication.

Video Calls enable persons with hearing or speech loss who use American Sign Language (ASL) or Speech Reading to communicate.

Alternative Augmentative Communication (AAC) AAC apps help individuals who are non-speaking or those whose speech is not usually understood by others. The Standard App Package for Speech includes Proloquo2Go, but other AAC apps such as Proloquo4Text, TouchChatHD, or LAMP can be substituted.

***Substitution request must be made on Certifier form.**

Alert Systems



A. ALARM CLOCK

- For moderate to severe hearing loss
- Alerts when phone, doorbell, or alarm clock is going off
- Includes wireless doorbell and bed shaker
- Built-in bright flashlight & Battery back-up (4x AA NiMH)



B. CENTRAL ALERT MINI

- For severe hearing loss
- Alerts with bright flashes when phone, text messages received or doorbell rings
- Built-in backup battery
- Uses colored LED lights

Accessories



i. PAGER RECEIVER

- For moderate to severe hearing loss
- Lightweight portable device
- Works with alarm clock or the central mini alert
- Allows you to move freely around your home
- Vibrates when activated
- Output for bed shaker to alert you at night

Note: Actual products may vary from pictures.

South Carolina Equipment Distribution Program



iPad® Application Form

1901 Main Street, Suite 1500, Columbia, SC 29201

