

Grab life by the phone.

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.

SCEDP's customers include people who are:

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

If you're eligible, you'll get the equipment you need for as long as you need it. To qualify, you must be a legal, permanent resident of South Carolina, have qualifying phone service, and have a permanent disability confirmed by one of the following professional certifiers:

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

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.

Product Guide

You can choose one telephone and one alerting device. Check your selected products on the application. For help choosing a product, ask a professional certifier or contact SCEDP. We will be happy to assist you.

SCEDP Conditions of Acceptance

I understand and agree to the following:

- The SCEDP is not responsible for my telephone service or bills.
- If I change my address or phone number in South Carolina, I will provide this information to SCEDP 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 SCEDP 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 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.

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.

South Carolina Equipment Distribution Program

1401 Main Street, Suite 825

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

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. If approved, your equipment will be shipped by UPS within 30 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.



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).

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.
- ☐ Choose the type of equipment 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, a SC Voter's Registration Card, or a SC DMV issued State ID card.
- ☐ Provide a copy of your telephone bill that shows your telephone number and 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
1401 Main Street, Suite 825
Columbia, SC 29201

***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.

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 only one telecommunications product and one alerting device or accessory.

Telecommunications Products

- | | |
|--|--|
| <input type="checkbox"/> 1. Amplified Phone | <input type="checkbox"/> 7. Cell Phone Amplifier with Bluetooth® |
| <input type="checkbox"/> 2. Amplified Phone with Bluetooth® | <input type="checkbox"/> 8. Uniphone |
| <input type="checkbox"/> 3. Cordless Amplified Phone | <input type="checkbox"/> 9. TTY Superprint |
| <input type="checkbox"/> 4. Cordless Amplified Phone with Bluetooth® | <input type="checkbox"/> 10. Large Number Phone |
| <input type="checkbox"/> 5. CapTel Phone | <input type="checkbox"/> 11. Electrolarynx |
| <input type="checkbox"/> 6. Internet Captioning Phone | <input type="checkbox"/> 12. Hands Free Phone |

Alerting Systems

- ☐ A. Alarm Clock
☐ B. Flash Receiver

Accessories

- ☐ i. Cell Phone Sensor
☐ ii. Doorbell
☐ iii. 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.

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, 1401 Main Street, Suite. 825, Columbia, SC 29201.

For help installing or using equipment, please contact us at any of the numbers listed at the top of this form.

Fax 803.737.0842 | Email AmplifyLife@ors.sc.gov

Certification on Reverse ➡

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: _____ - _____ - _____

Disability Information

 Check all disabilities to be certified.

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

Certifier Information

 All fields required

Certifier Name: _____
Office Phone: _____ - _____ - _____ Email Address: _____
Address: _____ City: _____ County: _____ State: _____ Zip: _____
Company Name: _____ State License or Certification Number: _____

Your Profession:

- | | |
|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Advanced Practice Registered Nurse (APRN) |
| <input type="checkbox"/> Doctor/Physician | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Physician Assistant (PA) | <input type="checkbox"/> 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:



1. **AMPLIFIED PHONE**

- For mild, moderate, or severe hearing loss, TIA-4953 certified
- Amplifies up to 53 dB
- Ringer volume up to 100dB
- Amplifies outgoing speech to 15 dB
- TIA-1083 compliant for hearing aid compatibility
- Programmable speed dials
- Voice assist talking keypad
- Speaker phone and tone control options



2. **AMPLIFIED PHONE with Bluetooth®**

- For mild, moderate, or severe hearing loss
- Amplifies up to 50 dB
- Works with home phone service and/or cellphone service
- Connects to cell phone with Bluetooth®
- Back-lit keypad



3. **CORDLESS AMPLIFIED PHONE**

- For mild to moderate hearing loss
- Amplifies up to 50 dB
- Ringer volume up to 112dB
- Back-lit keypad
- TIA-1083 Compliant for hearing aid compatibility
- Speaker phone
- Talking Keypad
- Tone Control



4. **CORDLESS AMPLIFIED PHONE with Bluetooth®**

- For mild to moderate hearing loss
- Amplifies up to 40 dB
- Ringer volume up to 100dB
- Speaker phone
- TIA-1083 compliant for hearing aid compatibility
- Talking keypad
- Link to cell phone via Bluetooth®
- Slow talk mode



5. **CAPTEL PHONE**

- For moderate to severe hearing loss
- Captions with adjustable font size, color, and speed
- Read what callers say, respond with your voice
- Caller must call toll-free number to connect with captioning



6. INTERNET CAPTIONING PHONE

- For moderate to severe hearing loss
- Captions with adjustable font size, color, and speed
- High-speed internet provides captioning
- Read what callers say, respond with your voice



7. CELL PHONE AMPLIFIER with Bluetooth®

- For moderate to severe hearing loss
- Amplifies up to 108 dB SPL
- Connects with Bluetooth® enabled phones
- Built-in microphone
- Rechargeable battery

Hearing and Speech



8. UNIPHONE

- For severe hearing or speech loss
- Amplifies up to 20dB
- Combined telephone, TTY, and amplified phone
- Speak and read replies or listen and type replies



9. TTY SUPERPRINT

- For deaf and speech-impaired
- Allows two TTY users to call each other directly
- Uses relay to call non-TTY users
- Convenient GA/SK keys

Hearing and Vision



10. LARGE NUMBER PHONE

- For moderate hearing loss and low vision
- Amplifies up to 50 dB
- Ringer volume up to 95dB
- Voice speaks numbers when pressed
- Extra-large Braille buttons
- Memory dial up to ten numbers



11. ELECTROLARYNX

- For people who have lost their Larynx
- Clarifies speech
- Emotion button
- Adjustable volume and pitch
- Easy set modes
- USB Charging

(Not recommended for those who have had a stroke)



12. HANDS-FREE PHONE

- For speech and mobility challenges
- One-touch dialing, answering, and memory scanning
- Voice-activated answering
- Missed-call indicator

Alert Systems



A. ALARM CLOCK

- For moderate to severe hearing loss
- Alerts when phone, doorbell, or alarm clock is going off
- Includes bed shaker and four rechargeable batteries
- 4X high-intensity flash lights



B. FLASH RECEIVER

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



i. CELL PHONE SENSOR

- For moderate to severe hearing loss
- Activates when a mobile phone screen lights up
- Connects with alarm clock or flash receiver
- Ergonomic grip



ii. DOORBELL

- For moderate to severe hearing loss
- Lightweight and durable
- Sends notification to alarm clock or flash receiver
- Wireless



iii. PAGER RECEIVER

- For moderate to severe hearing loss
- Wearable lightweight device
- Works with alarm clock or flash receiver
- Allows you to move freely around your home
- Vibrates when activated

Note: Actual products may vary from pictures.

South Carolina Equipment Distribution Program

Equipment Application Form