



DELAWARE DIVISION OF VOCATIONAL REHABILITATION  
DELAWARE OFFICE FOR THE DEAF AND HARD OF HEARING

Application for Captioned Telephone (CapTel) Services

Section A

For the individual who is hard of hearing or has hearing loss, please complete section A.

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last four-digits of Social Security number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (302) \_\_\_\_\_ (not cell or mobile phone number)  
E-mail address (if you have one): \_\_\_\_\_

Do you have high speed (non dial-up) internet? \* Yes \_\_\_\_\_ No \_\_\_\_\_  
\*High speed internet is NOT required for analog CapTel services, but makes digital CapTel an option.

After reviewing the attached Captioned Telephone Comparison Sheet, I am interested in:  
**Select one:** \_\_\_\_\_ analog CapTel \_\_\_\_\_ digital CapTel (Requires high speed internet)

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

Section B

A doctor, vocational rehabilitation counselor, licensed audiologist or licensed social worker must complete section B.

I certify that the above-mentioned individual has a hearing loss that impacts his/her ability to hear when using a telephone and that the individual can speak understandably on the phone.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
( ) -- Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Completion of both sections A and B is required. Return completed, signed form to:

Delaware Office for the Deaf & Hard of Hearing  
4425 N. Market Street, Wilmington, DE 19802-1307

or

Fax: (302) 736-9197 Email: [Loretta.Sarro@delaware.gov](mailto:Loretta.Sarro@delaware.gov)

For any questions, please contact Loretta Sarro at 302-504-4741

DeIODHH has limited funding the purchase of equipment for eligible individuals. Please complete the application supplement if assistance for the purchase of CapTel equipment is requested.