



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

Application for Captioned Telephone (CapTel) Services

A completed application consists of the following:

- 1. Completed application (Section A)
2. Verification of hearing impairment (verification signature- doctor, audiologist, or vocational rehabilitation counselor) (Section B)

Section A

Name:
Date of Birth: Last four social security number:
Address:
Phone (must be a landline): (302) --
E-mail address (if you have one):
Do you have high speed (non dial-up) internet? * Yes ___ No ___
Signature: Date:

* High speed internet is NOT required for analog CapTel services, but makes digital CapTel an option.

After reviewing attached information, I am interested in:

___ analog ___ digital** Cap Tel (select one)

** Requires high speed internet

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:
Phone: () --
Signature: Date:

Return completed, signed form to:

Delaware Office for the Deaf & Hard of Hearing
4425 N. Market Street, Wilmington, DE 19802-1307
or
Fax (302) 761-6611; email Loretta.Sarro@state.de.us

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