



Delaware Division of Vocational Rehabilitation
DELAWARE OFFICE FOR THE DEAF AND HARD OF HEARING

**Procedures for Requesting Financial Assistance
for the Purchase of CapTel Equipment**

In order to make Captioned Telephone (CapTel) equipment available to individuals who would benefit from the CapTel services, the Delaware Office for the Deaf and Hard of Hearing (DelODHH) has set aside funds to assist low-income individuals with the purchase of the equipment.

Assistance for the purchase of equipment is available for individuals acquiring either analog or digital CapTel devices.

Qualification to receive assistance for the purchase of CapTel equipment will be based on:

- Documentation that the individual has the need for the CapTel equipment. The information provided on the DelODHH application for CapTel services (signed by the individual's doctor, audiologist, or rehabilitation counselor) satisfies this requirement.
- Documentation that the individual's household available monthly resources are less than 200% of the Federal Poverty level.
- Documentation of resource availability such as most recent income tax return, pay stub, SSI or SSDI check stub, bank statement, etc. may be requested.
- As funding is limited, an effort should be made to seek alternate resources such as insurance.

Steps:

1. Complete the Application for CapTel Services form (found on our website). The form, with both sections completed and signed, is required in order to receive funding for the purchase of either the analog or digital CapTel equipment.
2. Complete the supplemental application form (below), indicating that you are requesting consideration for assistance with the purchase of CapTel equipment.
3. Review the CapTel Comparison Sheet (found on our website), and indicate whether you are interested in analog or digital CapTel. For more information about making this choice, contact Loretta Sarro at (302) 504-4741 or HarrietAnn Litwin at (302) 761-8275.
4. Return both application forms with proof of resource availability to DelODHH. Contact information is listed below.
5. A response to the request for assistance will be mailed within two weeks.
6. If the request for funding of CapTel equipment is approved, DelODHH will purchase the equipment from the vendor and have it sent to the individual.



Delaware Division of Vocational Rehabilitation
DELAWARE OFFICE FOR THE DEAF AND HARD OF HEARING

Request for Financial Assistance for the
Purchase of CapTel Equipment
Supplemental Application

In order to make Captioned Telephone (CapTel) equipment available to individuals who would benefit from the CapTel services, the Delaware Office for the Deaf and Hard of Hearing (DeLODHH) has set aside funds to assist low-income individuals with the purchase of the equipment.

Assistance for the purchase of equipment is available for individuals purchasing either analog or digital CapTel devices.

Qualification to receive the purchase of CapTel equipment will be based on:

- Documentation that the individual has the need for and capacity to benefit from obtaining the CapTel equipment. The information provided on the DeLODHH application for CapTel services (signed by the individual's doctor, audiologist, or rehabilitation counselor) satisfies this requirement.
Documentation that the individual's household available monthly resources are less than 200% of the Federal Poverty level.

Individuals requesting assistance should complete the form below:

+++++

I am requesting assistance for the purchase of CapTel equipment. I have completed the Application for CapTel Service. In addition, I am including documentation to support my resource availability, such as my most recent income tax return, pay stub, SSI or SSDI check stub, bank statement, etc.

The documentation that I have included is:

The total of all financial resources available to the entire household is: \$ _____

The number of individuals, including myself, dependent on the resources is: _____

Please review my application for assistance in purchasing CapTel equipment.

Name (print or type): _____

Signature: _____

Date: _____