

California Residents, Swing into Action!

Get your Jitterbug NOW



3 Easy Steps Apply Today!

1. Live in or near the cities of Fresno, Los Angeles, Sacramento, San Diego, San Francisco, or Santa Ana.
2. Be CTAP-certified as blind, low vision, mobility-disabled, or cognitively-disabled, and California LifeLine eligible.
3. Complete a Wireless Technology Pilot Program User Agreement.

**Need more information?
Call 1-866-845-8761 (Voice)
1-866-271-1540 (TTY)**

**Visit: www.ddtp.org or Email: wirelessinfo@ddtp.org
CTAP provides the Jitterbug equipment at no cost,
monthly service charges apply.**

Limited availability--Respond now!



California Telephone Access Program
www.ddtp.org



Speech
To
Speech
California Relay Service
The power to connect us all.

jitterbug®

**CALIFORNIA
LifeLine
TELEPHONE SERVICE**

Ver 2 02/10

Programs of the California Public Utilities Commission
Deaf and Disabled Telecommunications Program



California Telephone Access Program
www.ddtp.org



Programs of the California Public Utilities Commission
Deaf and Disabled Telecommunications Program

Swing into Action!

Dear Consumer Interested in the Wireless Technology Pilot Program:

The California Public Utilities Commission (CPUC) is launching a pilot program to put Jitterbug equipment into the hands of low-income blind or low vision, mobility-disabled, and cognitively-disabled Californians. This pilot is on a limited, first-come first-served basis. If you qualify, the Jitterbug equipment is available at no cost. All you need to pay for is your chosen service plan.

Interested in participating in the pilot program? It's as easy as 1-2-3:

1. Live in or near the cities of the Fresno, Los Angeles, Sacramento, San Diego, San Francisco, or Santa Ana.
2. Be CTAP-certified as blind or low vision, mobility-disabled, or cognitively-disabled.
3. Be eligible or a current California LifeLine participant. You may show your eligibility for the program AND qualify for the Jitterbug equipment during the Pilot Program with one of the following:
 1. LifeLine On Phone Bill
 2. Medicaid/Medi-Cal
 3. Low Income Home Energy Assistance Program (LIHEAP)



California Telephone Access Program
www.ddtp.org



Programs of the California Public Utilities Commission
Deaf and Disabled Telecommunications Program

4. Supplemental Security Income (SSI)
5. Federal Public Housing Assistance or Section 8
6. Food Stamps
7. Temporary Assistance for Needy Families (TANF)
8. Healthy Families Category A
9. National School Lunch's FREE Lunch Program (NSL)
10. Tribal TANF
11. Bureau of Indian Affairs General Assistance
12. Women, Infant and Children Program (WIC)
13. Head Start Income Eligible (Tribal Only)

If you meet the criteria listed above, you can apply to participate in the Wireless Technology Pilot Program. The application and instructions are in the following pages. For more information, please contact CTAP at 1-866-845-8761 (Voice), 1-866-271-1540 (TTY), wirelessinfo@ddtp.org (E-mail), or www.ddtp.org (Web).

Best regards,
CTAP Customer Contact Department



California Telephone Access Program
www.ddtp.org



Programs of the California Public Utilities Commission
Deaf and Disabled Telecommunications Program

Wireless Technology Pilot Program Application Instructions

The following enclosed items **must be completed and returned at the same time**:

1. Wireless Technology Pilot Program User Agreement (“Mail this Copy” at bottom of single-sided self-carboning sheet)
2. CTAP Application (one single-sided sheet—fill this out and submit it along with the User Agreement **only** if you are not already CTAP-certified)
3. A recent copy of your telephone bill, or other documents that verify your eligibility for or current participation in the California Lifeline program.

Mail or Fax these documents to:

CTAP

Attn: Customer Contact Dept.

1333 Broadway, Suite, Suite 500

Oakland, CA 94612

Fax: 1-510-271-8324

Please review the following items, which do not need to be returned and you may want to file for future reference:

1. “Dear Consumer Interested in the Wireless Technology Pilot Program” letter (second sheet in this packet)
2. Wireless Technology Pilot Program Application Instructions (this sheet)
3. Wireless Technology Pilot Program Application Cover sheet (cover of this packet)
4. Wireless Technology Pilot Program User Agreement (“Retain this Copy” at bottom of single-sided self-carboning sheet)

If you have any questions or need more information, please contact CTAP at 1-866-845-8761 (Voice), 1-866-271-1540 (TTY), wirelessinfo@ddtp.org (E-mail), or www.ddtp.org (Web).



California Telephone Access Program
www.ddtp.org



Programs of the California Public Utilities Commission
Deaf and Disabled Telecommunications Program

Wireless Technology Pilot Program User Agreement

Name of Pilot Participant _____

Street Address: _____

City: _____ Zip Code: _____

Telephone No: () _____ Cell No: () _____

Email Address: _____

Terms and Conditions

1. As a pre-condition to qualifying for the Wireless Technology Pilot Program, applicants cannot already be using a wireless device and have wireless service. Therefore, I declare that I do not currently have a wireless device and wireless service.
2. I understand that I would be allowed to keep my CTAP landline equipment in addition to the wireless device provided to me through this Pilot.
3. I take full responsibility for reading the equipment user manual and any associated bulletins, which describe how to use the wireless device and the service. These documents will be provided with the wireless device at the time of issuance.
4. I agree to participate in all mandatory Wireless Technology Pilot Program participant surveys. I understand that I may need to provide the State with detailed information about my experience using the wireless device, the cost and quality of my service plan, and the ease of the process to obtain the equipment and service.

Your signature below will **signify your agreement** with the terms and conditions of this Pilot. In addition, along with this signed agreement you have enclosed a recent copy of your telephone bill or other documents that verify your eligibility for or current participation in the California LifeLine program. If you fail to send a recent copy of your telephone bill or other document verifying your LifeLine participation or eligibility, you will not be considered for participation in the Pilot.

Wireless Pilot

Participant Signature _____ Date: _____

Mail this Copy



California Telephone Access Program
www.ddtp.org



Programs of the California Public Utilities Commission
Deaf and Disabled Telecommunications Program

Wireless Technology Pilot Program User Agreement

Name of Pilot Participant: _____

Street Address: _____

City: _____ Zip Code: _____

Telephone No: () _____ Cell No: () _____

Email Address: _____

Terms and Conditions

1. As a pre-condition to qualifying for the Wireless Technology Pilot Program, applicants cannot already be using a wireless device and have wireless service. Therefore, I declare that I do not currently have a wireless device and wireless service.
2. I understand that I would be allowed to keep my CTAP landline equipment in addition to the wireless device provided to me through this Pilot.
3. I take full responsibility for reading the equipment user manual and any associated bulletins, which describe how to use the wireless device and the service. These documents will be provided with the wireless device at the time of issuance.
4. I agree to participate in all mandatory Wireless Technology Pilot Program participant surveys. I understand that I may need to provide the State with detailed information about my experience using the wireless device, the cost and quality of my service plan, and the ease of the process to obtain the equipment and service.

Your signature below will **signify your agreement** with the terms and conditions of this Pilot. In addition, along with this signed agreement you have enclosed a recent copy of your telephone bill or other documents that verify your eligibility for or current participation in the California LifeLine program. If you fail to send a recent copy of your telephone bill or other document verifying your LifeLine participation or eligibility, you will not be considered for participation in the Pilot.

Wireless Pilot

Participant Signature _____ **Date:** _____

Retain This Copy

Apply today! 3 easy steps

1. Complete this section.

Last Name _____ First Name _____ MI _____ Alternate Contact (First & Last) _____
 Street Address _____ City _____ CA _____ Zip _____ Relationship _____ Tel Number _____
 Your Telephone Number _____ Name on Phone Bill (First & Last) _____
 Email Address _____ Ethnicity (optional): Caucasian Latino African American
 Year of birth _____ Native American Pacific Islander Asian Other
 I prefer materials in: English Spanish Chinese Hmong Braille Large Print (English Only)
 How did you hear about us:
 Radio _____ Television _____ Newspaper _____ Bus Ad Event _____ Other _____

IMPORTANT, READ BEFORE SIGNING Limited Liability Agreement. The applicant hereby agrees that the CPUC and/or the State of California and/or the California Communications Access Foundation (CCAF) make(s) no warranties, either express or implied, with regard to the possession, use, condition, and/or operation of the telecommunications equipment provided to applicant as part of this program (the Equipment). The applicant hereby agrees to indemnify, defend, and hold harmless the CPUC, the State of California, and/or the CCAF from any and all third party claims, costs (including without limitation reasonable attorneys' fees), and losses which in any way arise out of or in connection with the possession, use, condition, and/or operation of the Equipment. The applicant hereby agrees that the CPUC, the State of California, and/or the CCAF shall have no liability to the applicant or any other person with respect to any liability, loss, or damage caused or alleged to be caused, directly or indirectly, by or through the possession, use, and/or operation of the Equipment. I verify that I live in a household that subscribes to local telephone service in California.

NOTE CTAP Repair/Exchange Policy. Please choose your equipment carefully because we want to provide you the most appropriate phone. CTAP will repair or exchange equipment 1) the equipment loaned to the customer stops working or malfunctions or 2) the customers disability certification changes. please return your equipment with all original parts in the manufacturer's packaging.

Signature of Applicant _____ Date _____

2. Have this section completed by one of these certifying agents:

- CA Licensed Medical Doctor CA Licensed Optometrist CA Licensed Audiologist CA Department of Rehabilitation Counselor
 CA Superintendent/Audiologist from the California School for the Deaf Fremont/Riverside CA Licensed Hearing Aid Dispenser (see provision below)*

Impairment(s) of the Applicant: Deaf/Deafened Mobility/Manipulation Hard of Hearing Blind Low Vision Speech
 Cognitive Special Equipment/dB Recommended _____
 Hearing Loss: Mild Moderate Severe Mobility: Upper body Lower body Both

I certify that the above named person has the impairment(s) marked above that restrict(s) his or her use of the telephone and qualifies for equipment provided under California state legislation.

Print Name (Must be legible) _____
 Degree (MD, DO, OD, AuD, PhD, MS, MA, Other): _____ License Number _____
 Telephone _____ Fax _____ Signature of Certifying Agent _____ Date _____

* For CA Licensed Hearing Aid Dispensers – I certify that I have fitted the above person with an amplified device and have the individual's hearing records on file.

Signature (Hearing Aid Dispensers only) _____ Date _____ CA HAD License Number _____ Telephone _____

There is no cost, obligation, age, or income requirement for this State mandated program.

3. Submit your request by fax, mail, or in person. Already certified? No need to reapply!

By fax: 1-510-271-8324 **By mail:** DDTP Customer Contact, 1333 Broadway, Suite 500, Oakland CA, 94612

If submitted by fax or mail, we'll contact you. For further information or more certification forms:

CALL: Voice 1-866-845-8761 **Email:** wirelessinfo@ddtp.org **WEB:** www.ddtp.org
 TTY 1-866-271-1540