



California Phones
Keeping you connected.



California Telephone Access Program

California Public Utilities Commission Deaf and Disabled Telecommunications Program

Apply Today! 3 Easy Steps:

1. Complete this section.

Last Name	First Name	MI	
Street Address	City	CA State	Zip
Your Phone Number (_____) _____			
Email Address _____		Year of Birth (optional) _____	
Local Phone Company's Name _____			
Name on Phone Bill (First & Last) _____			
Ethnicity (optional):			
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Latino	<input type="checkbox"/> African American	
<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
I prefer materials in:			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Russian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Braille	<input type="checkbox"/> Large Print (English)
<input type="checkbox"/> Large Print (Spanish)			
How did you learn about us?			
<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Event	<input type="checkbox"/> Bus Ad	<input type="checkbox"/> Online	<input type="checkbox"/> Other _____
Alternate Contact (First & Last) _____			
Relationship _____			
Phone Number (_____) _____			



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: Please choose your equipment carefully because we want to provide you the most appropriate phone. CTAP will repair or exchange equipment if 1) the equipment loaned to the consumer stops working or malfunctions or 2) the consumer's disability certification changes. Please return your equipment with all original parts in the manufacturer's packaging.

PRIVACY NOTICE: The CPUC DDTP, under the authority of Public Utilities Code § 2881, uses this form to collect personal information solely for the purposes of identification and document processing. Unless otherwise noted, all requested information is mandatory, and incomplete information may result in incorrect processing. The information submitted will be held in confidence to the extent allowed by law and is available for your review, upon request. The DDTP complies with the Information Practices Act of 1977, and its Privacy Policy and contact information are online at <http://ddtp.cpuc.ca.gov/privacy.aspx>.

Signature of Applicant _____ Date _____

2. Have this section completed by an authorized certifying agent.

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

Impairment(s) of the Applicant (Check All That Apply):

- Deaf/Deafened Mobility/Manipulation Hard of Hearing Blind Low Vision Speech Cognitive
Hearing Loss: Mild Moderate Severe **Mobility:** Upper body Lower Body Both

Notes: _____

Signatory please write patient's name from page 1 here: _____

Address of patient from page 1: _____

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) _____

Professional Credentials _____ License Number _____

Telephone (_____) _____ Fax (_____) _____

Signature of Certifying Agent _____ Date _____

(No stamped signatures accepted)

*For 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 HAD License Number Telephone

3. Choose one way to return this form.

► **Bring in your completed form to one of our Service Centers and get the phone the same day:**

- **Berkeley** Inside the Ed Roberts Campus, 3075 Adeline Street, Suite 260, CA 94703
- **Fresno** 7525 N. Cedar Avenue, Suite 115, CA 93720
- **Glendale** 425 West Broadway, Suite 105, CA 91204
- **Redding** 2861 Churn Creek Road, Suite A, CA 96002 *Limited Hours*
- **Riverside** 2002 Iowa Avenue, Suite 106, CA 92507
- **Sacramento** 1300 Ethan Way, Suite 105, CA 95825
- **Salinas** Inside the Deaf and Hard of Hearing Service Center, 339 Pajaro Street, Suite B, CA 93901 *Limited Hours*
- **San Diego** 1455 Frazee Road, Suite 406, CA 92108
- **San Francisco** Inside the Hearing and Speech Center of Northern California, 1234 Divisadero Street, CA 94115 *Limited Hours*
- **Santa Ana** 2677 N. Main Street, Suite 130, CA 92705
- **Santa Barbara** Inside the Independent Living Center, 423 W. Victoria Street, CA 93101 *Limited Hours*

Please confirm addresses and hours of operation online or call.

► **Mail to: CTAP, P.O. Box 30310, Stockton, CA 95213**

► **Fax to: 1-800-889-3974**

If you mail or fax your form, look for an approval letter in the mail within a week, and then call (or visit a Service Center) to determine the right phone for you!



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For further information or more applications visit **www.CaliforniaPhones.org** Web chat available.

Contact Center hours: Mon-Fri (7am-6pm), Sat (9am-4pm)

English: 1-800-806-1191

國語: 1-866-324-8747

Tiếng Việt: 1-855-247-0106

Español: 1-800-949-5650

粵語: 1-866-324-8754

Русский: 1-855-546-7500

TTY: 1-800-806-4474

Hmoob: 1-866-880-3394

English email: info@CaliforniaPhones.org

Email en español: info-es@CaliforniaPhones.org

Office Use Only	Processed by
	Date

CRT-ENG-WEB-14B-DDTP