

2020 Forum on Aging in Rural Oregon

The Oregon Office of Rural Health
Welcomes You!

Thank You Partners



PacificSource

St. Charles Health System | Samaritan Health Systems | O4AD | Oregon DHS Aging & People with Disabilities

Adventist Health Tillamook

PeaceHealth | GOBHI | Columbia Memorial Hospital

2020 Forum on Aging in Rural Oregon

- Audio and video are muted for all participants
- Use the Q&A feature to ask questions
- Moderator will read questions to the speaker
- Presentation slides are posted at <https://www.ohsu.edu/oregon-office-of-rural-health/forum-aging-rural-oregon>. Recordings will be posted shortly after the session.

2020 Forum on Aging in Rural Oregon

Presents Oregon Assistive Technology Resources

Kevin Roebke | Public Utility Commission of Oregon
Brian Sacre | Access Technologies Inc.



Telecommunication devices access program (TDAP) & Oregon Telephone assistance program (OTAP)



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www.tdap.oregon.gov

Telecommunication Devices Access Program (TDAP)

- **What is TDAP?**
 - **TDAP is a state funded program that loans specialized communication equipment at no cost, and with no income restrictions, to eligible Oregon residents who have a disability in hearing, vision, speech, cognition, or mobility**
- **Progression of the program**
- **Equipment currently issued to approximately 6400 Oregonians**
- **How do you get equipment from this program?**

Application Process

- 1) Obtain the [application](#) / [Brochure](#)
- 2) Complete all sections
- 3) send us your application
- 4) Application approval
- 5) Ordering your equipment
- 6) Receiving your equipment

Captioning Phones

1) Analog only

- CapTel 840 Plus

1) Internet Based

- Captel 840i



Captioning Phones (Cont.)

1) Internet Based

- Captel 2400i



Amplified Phones

- Corded and cordless
- Amplification up to 55 dB
- with or without Caller ID
- built-in Answering Machine
- Adjustable tone settings
- Adjustable ring volumes
- Memory dialing
- Most models have speakerphone



XLC3.4



Alto Plus



CL-60 (DC)



KX-TGM450



CSC600W



JV35-B

Phone for Mobility Impairment

RCx 1000 Speaker Phone

- Rechargeable wireless remote
- Designed for use with headphone or microphone
- 36 programmable memory numbers
- Voice activated answer
- Hands free conversation up to 15 feet away



Wired Headset



Air Switch



Pillow Switch

Phone for Cognitive Impairment

HD-40P

- 9 memory dial buttons with picture
- Incoming amplification up to 26dB
- High-Performance Speaker Phone
- Two visual ring flashers
- Built in Loud ringer



Available Accessories



Voice Dialer



Silhouette



Neck Loop



Signal device



Answer Machine



Loud Ringer



Home Aware Kit

WIRELESS EQUIPMENT



iOS



Android

iOS PRODUCTS



iPhones



iPads (Wi-Fi Only)

ANDROID PRODUCTS



Moto Z2 Play



**JBL Soundboost
Speaker (80dB)**

ANDROID PRODUCTS



Moto 4X



**Samsung
S3 Tablet**
(Wi-Fi Only)

WIRELESS ACCESSORIES



Ditto with watchband (DC)



**Quattro 4.0 Lite
Bluetooth Neckloop**



**Cell Phone
Amplifier**

Oregon Public Utility Commission
PO Box 1088, Salem, OR 97308-1088
1-800-848-4442 or 503-373-7171
TTY: 800-648-3458
Videophone: 971-239-5845
Fax: 877-567-1977 or 503-378-6047
Email: puc.rspf@state.or.us

**Oregon Telecommunication
Devices Access Program
(TDAP) Application**
www.tdap.oregon.gov

SECTION A

Please provide us with your information.

Required fields are highlighted.

Name of Applicant (Last, First, Middle)		Date of Birth	
Parent/Guardian name (if applicant is a minor)			
Primary Phone Number		Secondary Phone Number	
Home Address		Apt#	
City	Zip Code	Email address	
Mailing Address (if different than above)		Apt. #	City
Shipping Address (if different than above)		Apt. #	City

Oregon Drivers License or ID#

We use your Oregon Driver's License or ID# to verify that you live in Oregon. If you do not have an ODL or ID#, please send a copy of your recent utility bill or benefits statement to us with your application.

Please provide us with the contact information for someone who can get in touch with you if we are unable to. If you list a legal guardian or power of attorney (POA), please provide documentation of the guardianship/POA.

Contact Person's Name (Last, First, MI)	Relationship	Phone#	Home	Cell
Mailing Address of Contact Person	Apt. #	City	State	Zip

SECTION B

Equipment Selection

Please select one device and one *optional* accessory.

B1

If known, please list the model of the device (and *optional* accessory) you are requesting on the line below, then proceed to section C.

B2

If you do not know the model, please select either a landline or a wireless cell phone or tablet.

☐ **Landline (go to B3)** ☐ **Wireless - Cell Phone or Tablet (go to B4)**

B3

Select a landline device based on your disability and any corresponding feature. You may also select one *optional* accessory.

HEARING

- | | | |
|---|---|--|
| <input type="checkbox"/> Corded amplified phone
<input type="checkbox"/> Caller ID screen | <input type="checkbox"/> Cordless amplified phone
<input type="checkbox"/> Caller ID screen
<input type="checkbox"/> Answering machine | <input type="checkbox"/> Captioned telephone
<input type="checkbox"/> Landline only
<input type="checkbox"/> Landline & High Speed Internet |
| <input type="checkbox"/> TTY 4425 <input type="checkbox"/> Voice/Hearing Carry Over phone | | |

Accessory:

- | | | | |
|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Lamp flasher | <input type="checkbox"/> Loud ringer | <input type="checkbox"/> Home Aware Kit | <input type="checkbox"/> Hearing aid silhouette (Single) |
| <input type="checkbox"/> Headset | <input type="checkbox"/> Neckloop | <input type="checkbox"/> Answering machine | <input type="checkbox"/> Hearing aid silhouette (Dual) |

VISION

- ☐ **Corded big-button phone w/ talking keypad/talking caller ID**
☐ White buttons
☐ Black buttons
☐ Caller ID screen

- ☐ **Cordless big-button phone w/ talking keypad/talking caller ID**
☐ Caller ID screen

SPEECH

- ☐ **Corded phone w/ outgoing speech amplification**
☐ **Electrolarynx**

COGNITION

- ☐ **Corded phone with photo-dialing**

MOBILITY

- ☐ **Hands-free speakerphone with remote**

Accessory:

- ☐ Voice dialer
☐ Pillow switch
☐ Air switch
☐ Headset
☐ Lapel microphone

B4

Select a wireless device. You may also select one *optional* accessory.

WIRELESS DEVICES – ALL DISABILITIES

- | | |
|---|--|
| <input type="checkbox"/> iPad (WiFi Only) | <input type="checkbox"/> iPhone* |
| <input type="checkbox"/> iPad Mini (WiFi Only) | <input type="checkbox"/> Android Cell Phone* |
| <input type="checkbox"/> Android Tablet (WiFi Only) | |

Accessory:

- ☐ Bluetooth cellular phone amplifier
☐ Bluetooth neck loop

WIRELESS DEVICES – MOBILITY ONLY

- ☐ Android Tablet* (WiFi Only) ☐ Android Cell Phone*

The Android tablet and cell phone have **Open Sesame pre-loaded on the device.

Accessory:

- ☐ Mounting system

*iPhones and Android cell phones are unlocked and may be used with your preferred cellular provider.

*The applicant is responsible for all service charges associated with the use of the phone.

*For more information about Open Sesame, please visit www.razmobility.com or call us at 1-800-848-4442.

SECTION

Conditions of Acceptance for TDAP Equipment

Please completely **READ** and **SIGN** this form indicating that you understand and agree to comply with the following conditions upon acceptance of all TDAP Equipment:

- All TDAP Equipment (Equipment) provided to me is the property of the State of Oregon, and I will use the Equipment in compliance with Oregon laws and regulations, including OAR Chapter 860, Division 33.
- I am responsible for the appropriate care of all Equipment and the costs related to the use of all Equipment (Including, but not limited to: batteries and phone or Internet service).
- I will not sell, lease, give away, or loan any Equipment to anyone. I will not use any Equipment as collateral for a loan of any type or as a pledge for a pawn loan.
- I am financially responsible for any damage to any Equipment that is not caused by normal wear and tear or acts of nature or disaster, or if the Equipment is lost.
- If floods, storms, fire or other acts of nature damage the Equipment, I will submit a fire, insurance, or other incident report to TDAP within five (5) business days of the event.
- If any Equipment is stolen, I will notify the local law enforcement agency within 24-hours of the time the theft is discovered. I will provide a copy of the police report to TDAP within 5 business days of the date the theft was reported.
- I will not attempt to repair any Equipment. If the Equipment is in need of repair, I will contact TDAP. I will return the defective or damaged Equipment at TDAP's expense. TDAP will repair or replace the returned Equipment at their discretion. Upon request, TDAP will ship the repaired or replaced Equipment to me.
- I will not remove any protective case from the Equipment. I will not damage or deface the Equipment by removing any property of Oregon identifying labels or alter the laser etching.
- I understand that the Equipment may have a web filter installed to prohibit access to websites containing unlawful content. TDAP and TDAP vendors have my permission to monitor the Equipment to ensure proper use.
- If I disconnect my phone service, I will return all Equipment to TDAP within thirty (30) days at TDAP's expense. If I move to another place in Oregon, I will report my new address to TDAP within thirty (30) days of the move. I will return all Equipment to TDAP before I permanently move out of Oregon.
- I will obtain written permission from the TDAP Manager before I travel out of Oregon with any Equipment for more than ninety (90) days.
- I will return the Equipment to TDAP within forty-five (45) days of a request from TDAP.
- If I have signed this on behalf of a minor or as a guardian for an adult, I agree to notify TDAP about a change in responsibility within five (5) calendar days of the event (for example, the minor turns 18 or if there is a change of guardianship).
- I understand that I am financially responsible for the replacement cost of all Equipment if I do not comply with any of the above conditions. I further understand I am financially responsible for any collection costs associated with failure to pay the replacement cost.
- I understand that all Equipment is provided on a first come, first served" basis and its availability is contingent upon adequate funding.

All statements I have made in this application are true and correct to the best of my knowledge.

Signature of Applicant or Parent / Guardian (If Applicant is under 18)

Date

*Please provide a copy of the Power of Attorney/guardianship documentation if signing on behalf of applicant.

SECTION

Disability Certification

Please have your certifying authority complete this section.

Certifying Authority Statement

I am a licensed:

- | | | |
|--|--|--|
| <input type="checkbox"/> Vocational Rehabilitation Counselor | <input type="checkbox"/> Physician | |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Rehabilitation Instructor for the Blind | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Licensed Nurse Practitioner | <input type="checkbox"/> Ophthalmologist |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Physician Assistant | |

Please check the applicant's disability(ies)

(Within scope of practice; e.g. a hearing aid specialist certifies a hearing loss)

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Deaf / Hearing Loss | <input type="checkbox"/> Cognition / Memory | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Blind / Vision Loss | <input type="checkbox"/> Mobility / Motor | |

Certifying Authority's Name (print clearly)

Phone Number

State License or Certification Number

Email Address

Address

City

State

Zip

I hereby certify that (applicant's name)

has a disability that requires specialized equipment to effectively communicate on the phone.

Certifying Authority's Signature

Date

(Must be original signature, no stamps accepted)

CHECKLIST

- ☐ I have completed Section A and provided all required information.
- ☐ I have completed Section B and selected the equipment that meets my needs.
- ☐ I have signed the Section C Conditions of Acceptance form.
- ☐ Section D has been completed and signed by a certifying authority.

Questions?



OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP), ALSO KNOWN AS OREGON LIFELINE

- **What is Oregon Lifeline?**
 - **Federal and State program**
 - **You can receive it in the form of a discount on your home phone or broadband bill, Or;**
 - **You can receive the benefit in the form of free wireless minutes, text messaging, and data.**
- **How do I receive the benefit**
 - **For the discount obtain an [application](#) from us.**
 - **For free wireless minutes contact the providers directly in order to apply.**



OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP), ALSO KNOWN AS OREGON LIFELINE

- How do I qualify?


Program-based qualifications:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public housing Assistance (Section 8)
- Veterans or survivors pension



OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP), ALSO KNOWN AS OREGON LIFELINE

- You can also qualify by income only
 - Total household income must be at or below 135% of the Federal Poverty Guidelines

**INCOME-BASED ELIGIBILITY**

Place a check mark ☒ next to your Household Size. To qualify, your Household Yearly Income must fall within the range indicated next to your Household Size. A Household is defined as any individual or group of individuals who live together at the same address and share income and expenses. Proof of income must be included with your application.

Household Size	Gross Yearly Income	Household Size	Gross Yearly Income	Household Size	Gross Yearly Income
<input type="checkbox"/> 1	\$0 - \$17,226	<input type="checkbox"/> 3	\$0 - \$29,322	<input type="checkbox"/> 5	\$0 - \$41,418
<input type="checkbox"/> 2	\$0 - \$23,274	<input type="checkbox"/> 4	\$0 - \$35,370	<input type="checkbox"/> 6	\$0 - \$47,466

More than 6 members of your household? Please contact us at 1-800-848-4442.

OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP), ALSO KNOWN AS OREGON LIFELINE

Landline and wireless companies that provide a discount:

Companies that participate with Lifeline

Asotin	ComSpan	Helix	Oregon Tel. Corp.	Scio Mutual
AT&T Mobility* in select areas	DirectLink	Home/TDS	Oregon/Idaho	Snake River PCS
Beaver Creek	Douglas Fast Net	MINET/WVF	People's	St. Paul
CenturyLink	Eagle	Molalla	Pine Telephone	Stayton Co.
Clear Creek	Frontier	Monitor	Pioneer	US Cellular
Colton	Gervais/ DataVision Co-Op	Monroe	Reliance Connects	Warm Springs
		Nehalem	Roome Tel Com	
		North State		

*AT&T Mobility only offers the Oregon Lifeline benefit in select areas.

Call 1-800-377-9450 to determine if AT&T offers the Oregon Lifeline benefit in your coverage area.

**Apply for the discount online at www.lifeline.Oregon.gov, or
submit a paper application by mail or fax.**



OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP), ALSO KNOWN AS OREGON LIFELINE

Wireless companies that provide free lifeline service:

Access Wireless

- Access Wireless provides a free phone or you can use your own phone (if compatible).
 - Plan: 750 free minutes, unlimited text messages, and 3 GB of data.
 - Submit application by mail to:
Access Wireless
One Levee Way, Ste 3116
Newport, KY 41071
—or—
 - fax to: 1-888-594-4473
 - Website: www.accesswireless.com/lifeline
- Questions? Contact Access Wireless at 1-888-900-5899

Assurance Wireless

- Assurance Wireless provides a free phone or you can use your own phone (if compatible).
 - Plan: 750 free minutes, unlimited text messages, and 3 GB of data.
 - Submit application by mail to:
Assurance Wireless
PO Box 5040
Charelston, IL 61920-9907
—or—
 - fax to: 1-877-732-3018
—or—
 - Apply online at www.assurancewireless.com
- Questions? Contact Assurance Wireless at 1-888-898-4888

enTouch Wireless

- enTouch Wireless does not provide a free phone. You can use your own (if compatible) or purchase a compatible device.
 - Plan: 1,000 free minutes, unlimited text messages, and 100 MB of data.
 - Submit application by mail to:
enTouch Wireless
955 Kacena Rd, Ste A
Hiawatha, IA 52233
 - Website: www.entouchwireless.com
- Questions? Contact enTouch Wireless at 1-844-891-1800



Oregon Lifeline Application

Oregon Lifeline is a federal and state government program that lowers the monthly cost of phone or internet service for qualifying low-income households.

If you qualify (see page 2), complete sections 1 through 5 and submit it to the service provider of your choice on page 4.

1 Your Information - Please print clearly. All highlighted fields are required.

Full legal name		
First	Middle	Last
Phone number		Date of birth
- -		Month / Day / Year
Email address		Social Security Number (SSN)
@		- -
Home address (The address where you will get service. Do not use a P.O. Box)		
Apt., Unit, etc.		
City	State	Zip Code
	Oregon	
Is this a temporary address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address (if different than home address)		
Apt., Unit, etc.		
City	State	Zip Code

Only fill this section out if you are applying through a child or dependent.

Their full legal name		
First	Middle	Last
Their date of birth		Their full Social Security Number (SSN)
Month / Day / Year		- -

PLEASE CONTINUE TO PAGE 2

PAGE 1

Eligibility – Choose how you qualify for Lifeline.

2a Place a check mark ☒ next to the program that qualifies you.

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	} Eligibility documentation <u>not</u> required. enTouch Wireless requires proof of identity.
<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Veterans or Survivor's Pension Benefit	} Eligibility documentation required. enTouch Wireless requires proof of identity.
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	

Complete Section 2b **ONLY** if you do not qualify for any programs in Section 2a.

2b Place a check mark ☒ next to your Household Size. To qualify, your Household Yearly Income must fall within the range indicated next to your Household Size. A Household is defined as any individual or group of individuals who live together at the same address and share income and expenses. Proof of income must be included with your application.

Household Size	Gross Yearly Income	Household Size	Gross Yearly Income	Household Size	Gross Yearly Income
<input type="checkbox"/> 1	\$0 - \$17,226	<input type="checkbox"/> 3	\$0 - \$29,322	<input type="checkbox"/> 5	\$0 - \$41,418
<input type="checkbox"/> 2	\$0 - \$23,274	<input type="checkbox"/> 4	\$0 - \$35,370	<input type="checkbox"/> 6	\$0 - \$47,466

For each additional household member above 6, add \$6,048.

Provide a copy of one or more of the following documents as proof of your income:

- Last year's Federal or State income tax return
- Current annual income statement from employer
- Pay stubs for any three consecutive months within the last 12 months
- Veteran's Administration statement of benefits
- Unemployment or Workers' Compensation statement of benefits
- Social Security statement of benefits
- Retirement or Pension statement of benefits
- Divorce decree or Child Support documentation containing income information

} enTouch Wireless requires proof of identity.

3 Agreement

I agree, under penalty of perjury, to the following statements:
You must initial next to each statement.

- ☐ I understand that completing this application does not immediately approve me for the Oregon Lifeline benefit. I will be notified in writing of my application status.
- ☐ I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.
- A household is defined as any persons who live together at the same address and share income and expenses.
- ☐ I agree that my service provider can give the Oregon Public Utility Commission, the Federal Communications Commission (FCC), and the Universal Service Administrative Company (USAC) all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not give it, I will not be able to get Lifeline benefits.
- ☐ I understand that my Oregon Lifeline benefit may not be transferred or given to another person.
- ☐ I agree that if I move, I will give my service provider my new address within 30 days.
- ☐ I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:
- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
 - 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).
- ☐ The Oregon Public Utility Commission may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.
- ☐ I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.
- ☐ All the information and agreements that I provided on this form are true and correct to the best of my knowledge.

Applicant Signature: _____
 Print Name: _____ Date: _____ / _____ / _____
 Month Day Year

4 Agent Information

Answer only if a sales person submits this form.

Agent's full legal name			
First	Middle	Last	
Agent's ID number		Agent's date of birth	
		Month	Day / Year

PLEASE CONTINUE TO PAGE 4

PAGE 3

5 Service Provider

- Place a check mark ☒ next to the service provider of your choice.
- Include with your application a copy of your eligibility documentation and proof of identity,* if required. See section 2a or 2b

*Proof of identity can include your driver's license, U.S. Government, Military, or state issued ID.

Access Wireless

- Access Wireless provides a free phone or you can use your own phone (if compatible).
- Plan: 750 free minutes, unlimited text messages, and 3 GB of data.
- Submit application by mail to:
Access Wireless
One Levee Way, Ste 3116
Newport, KY 41071
 —or—
 • fax to: 1-888-594-4473
 • Website: www.accesswireless.com/lifeline
 Questions? Contact Access Wireless at 1-888-900-5899

Assurance Wireless

- Assurance Wireless provides a free phone or you can use your own phone (if compatible).
- Plan: 750 free minutes, unlimited text messages, and 3 GB of data.
- Submit application by mail to:
Assurance Wireless
PO Box 5040
Charleston, IL 61920-9907
 —or—
 • fax to: 1-877-732-3018
 —or—
 • Apply online at www.assurancewireless.com
 Questions? Contact Assurance Wireless at 1-888-898-4888

FOR YOUR SECURITY WITH ASSURANCE WIRELESS

If you qualify, you'll need an Account PIN to access your account and a Secret Answer in case you ever forget your PIN. Please write them down for safekeeping.

CHOOSE YOUR ACCOUNT PIN:

- It must be 6 numbers long
- No more than 3 consecutive numbers in a row (1234 won't work)
- Do not repeat numbers next to each other (44 won't work)
- No symbols or letters (@#PRTE won't work)

YOUR ACCOUNT PIN:

--	--	--	--	--	--

YOUR SECRET ANSWER:

What is your favorite city?

Your Secret Answer: _____

enTouch Wireless

- enTouch Wireless does not provide a free phone. You can use your own (if compatible) or purchase a compatible device.
- Plan: 1,000 free minutes, unlimited text messages, and 100 MB of data.
- Submit application by mail to:
enTouch Wireless
955 Kacena Rd, Ste A
Hiawatha, IA 52233
 • Website: www.entouchwireless.com
 Questions? Contact enTouch Wireless at 1-844-891-1800

PAGE 4

Oregon Lifeline Household Worksheet

Lifeline is a benefit that lowers the monthly cost of phone or internet service.

You are only allowed to get one Oregon Lifeline benefit per household, not per person.

What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

1 Your Information - Please print clearly. All highlighted fields are required.

Full legal name		
First	Middle	Last
Home address (The address where you will get service. Do not use a P.O. Box)		Apt., Unit, etc.
City	State Oregon	Zip Code

2 Can you apply?

Follow this decision tree to confirm if you qualify for the Oregon Lifeline Program.

1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

☐ Yes

If yes, answer question 2

☐ No

2. Do they get Lifeline?

☐ Yes

If yes, answer question 3

☐ No

3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

☐ Yes

☐ No

You do not qualify for Lifeline because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

You can apply for Lifeline. You live in a household that does not get Lifeline yet. Please initial line ③ below, and sign and date the worksheet.

You can apply for Lifeline. You live at an address with more than one household and your household does not get Lifeline yet. Please initial lines ④ and ⑤ below, and sign and date the worksheet.

3 Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Oregon Lifeline Program Application Form.

☐

④ I live at an address with more than one household.

Initial

☐

⑤ I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Initial

Applicant Signature: _____

Month / Day / Year
Date: _____

Questions?



Telecommunication devices access program (TDAP) & Oregon Telephone assistance program (OTAP)



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TTY: 1-800-648-3458

puc.rspf@state.or.us
www.tdap.oregon.gov
www.lifeline.Oregon.gov



Oregon State Assistive Technology Program
(OSATP)

and

National Deaf Blind Equipment Distribution
Program (NDEDP)

**"For
people
without
disabilities,
technology
makes
things
easier.**

**For people
with
disabilities,
technology
makes
things
possible."**

What is

**Assistive
Technology**



“is any item, piece of equipment,
software program, or product
system that is used to increase,
maintain, or improve the functional
capabilities of persons with
disabilities.”

AT Can Be...

- Mounting Systems
- Positioning Devices
- Magnification
- Electronic Devices
- Wheelchairs
- Walkers / Rollators



AT Can Also Be...

- Braces
- Power Lifts
- Educational Software
- Adaptive Writing Utensils
- Eye-Gaze
- Telehealth devices
- Smart Home Technologies



POSSIBILITIES

- Bathing
- Dressing
- Grooming
- Eating
- Walking
- Climbing Stairs
- Doing Housework
- Shopping
- Cooking
- Managing Meds
- Communicating
- Socializing
- Participating
- Commuting

Who Pays for Assistive Technology

School Systems

Government Programs

Private Health Insurance

Rehabilitation and Job Training Programs

Employers



ACCESS TECHNOLOGIES, INC.

Call Us: 503-361-1201

Specialists in Ergonomic and Assistive Technology

Locating funding often creates a barrier to acquiring needed assistive technology devices and services. Although Access Technologies Inc. does not directly fund the purchase of devices, it is a resource for individuals with disabilities and their family members, staff, service providers, counselors, employers, and others to:

- obtain information about assistive technology in appropriate funding sources
- borrow equipment on a trial basis
- purchase selected equipment or software at discount prices
- consult with specialists regarding accessibility issues
- receive training
- receive on-site support at home, in schools and on the job

Financial Guides:

Here's a link to [Your Money Your Goals](#), a Financial guide that contains information, tips, tools, and skill-building resources based on insights from people with disabilities and from organizations that serve the disability community.

And from our friends at Pennsylvania Assistive Technology Foundation here's a great money management guide [Cents and Sensibility](#).

Financial Resources:

The information provided in this section is designed to help individuals with disabilities, families, advocates, and providers identify sources of funding for assistive technology. Programs change over time, so we welcome any new information for this funding guide. Anyone having questions about any listings, or wanting to share new or additional funding information, may contact Access Technologies, Inc. at (800) 677-7512, or send an email to info@accesstechnologiesinc.org.

Alternative Finance Program

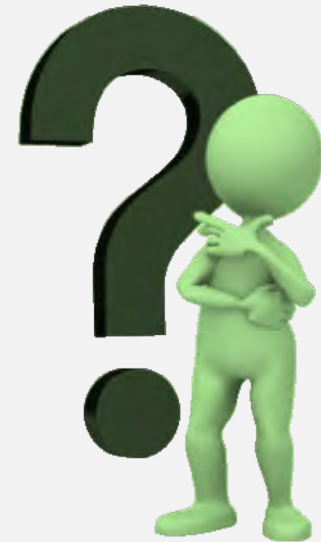
Northwest Access Fund provides funding to people with disabilities in Washington & Oregon to purchase assistive technology and achieve greater independence.

More information, including an application is located on their website www.washingtonaccessfund.org.

Health Insurance



Who is
Access Technologies, Inc.



VISION

A society where all people are valued and respected, and where all people have the knowledge, opportunity and power to improve their lives and the lives of others.

MISSION

To assure that persons with disabilities in Oregon will be able to secure and effectively use assistive technologies.





What is

Oregon's Statewide Assistive

Technology Program

OSATP

At School • At Work • At Home • In The Community

- Device Demonstrations
- Device Loans

[< Back to Device Loan Library](#)

Mouse - Boomer

SKU:

Availability: Available for Short Term Loan

Rental Terms: \$9 maintenance fee for 30 days

Acquisition Mode: OSATP

Original Purchase Price: 895

Date Acquired: 01/01/2018 08:00:00

Accessories:

Access Technologies, Inc. 2225 Lancaster Dr NE Salem, OR 97305

Toll-free voice/TTY: 1-800-677-7512 Voice/TTY: (503) 361-1201

Boomer is the newest foot operated Bluetooth computer mouse! Boomer provides individuals with the full functions of a traditional mouse, including left and right clicks.

Availability: In stock

[< Back to MarketPlace](#)

Raised Toilet Seat - 5 Inch Locking with Arms (Standard)

Contact Name: ATI

City: Salem

Phone: 503-361-1201

Notes:

Toll Free: 800-677-7512 Access Technologies, Inc. 2225 Lancaster Dr. NE Salem, OR 97305.

Item(s) pictured are like example(s) of product.

Raised toilet seats are designed for individuals who experience difficulties sitting down or getting up for the toilet. This locking seat with removable arms adds 5 inches to height of toilet seat.

Manufactured by Drive, this raised toilet seat is designed for use on STANDARD toilet seats.

Product Details

Seat Dimensions: 15 inches wide, 16.5 inches deep

Seat Height: 5 inches

Weight (approximate): 5 pounds

Maximum Weight Capacity: Not to exceed 300 pounds

Width Between Arms: 18.5 inches

[Dimension Diagram](#)

[Owners Manual](#)

[Do you have a Standard or Elongated Toilet?](#)

**** New ****

Access Technologies, Inc. (ATI)

At School • At Work • At Home • In The Community

Assessments

- ADA/Workplace
- Assistive Technology
- Computer Access
- Ergonomic Risk

Access Technologies, Inc. (ATI)

At School • At Work • At Home • In The Community

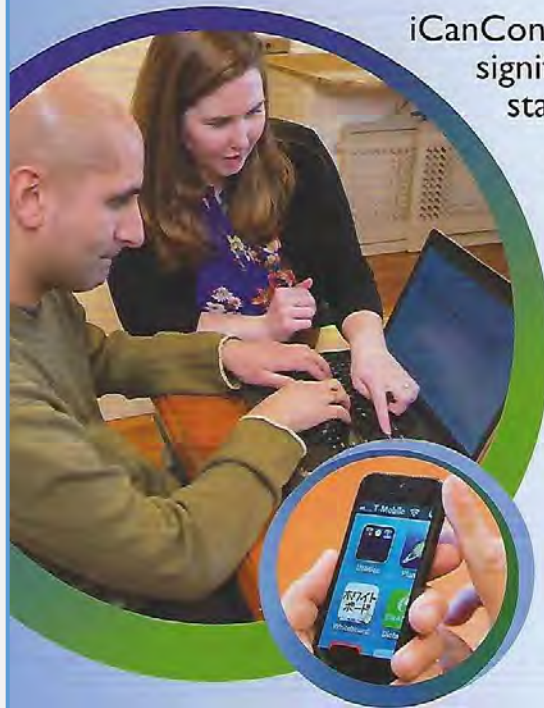
Trainings

- Assistive Technology Devices, Software, Apps
- Computers, Input Devices, Software
- Tablets, Access Devices and Apps
- Ergonomic and Workplace Accommodations
- Development and Implementation of Accessible Documents

iCanConnect - Oregon

National Deaf-Blind Equipment Distribution Program

Combined hearing and vision loss?
Learn about a FREE equipment program.



iCanConnect provides equipment and training to people with significant combined hearing and vision loss so they can stay connected to friends and family.

Sending email or chatting on the phone can be difficult without access to the right equipment. iCanConnect puts that technology into the hands of these individuals to enhance their independence.

Contact us to learn more about the program's income and disability guidelines, refer someone you know, or to apply for the program.

iCanConnect

The National Deaf-Blind Equipment
Distribution Program

www.icanconnect.org/USA
503-361-1201 • TTY 800-677-7512

How to Receive Services

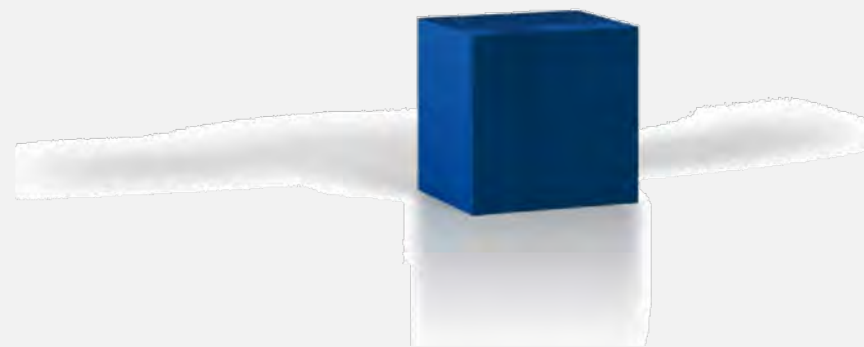
- **Demonstrations** – Call or email to set up an appointment
 - **Assessment** – Call for a quote
 - **Purchase equipment** – Store front for Marketplace
- **Special equipment, borrowing and deliveries** – Call for quote
 - **iCanConnect**: application process

iCanConnect Application

- **Section 1:** Instructions and Guidelines
 - **Section 2:** Personal Information
- **Section 3:** Income Verification (renewed annually)
 - **Section 4:** Applicant Attestation
 - **Section 5:** Telecommunication goals
- **Section 6:** Disability Verification (this is the sticky part)



QUESTIONS??



Contact Info

Phone: 503-361-1201

info@accesstechnologiesinc.org

www.accesstechnologiesinc.org