



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. Please also write your name and sign at the top of page 2.

Last Name	First Name	MI	CA
Street Address	City	State	Zip
Your Telephone Number (_____) _____			
Email Address _____			
Alternate Contact (First & Last) _____			
Relationship _____			
Tel. Number (_____) _____			
Your Local Phone Company's Name _____			
Name on Phone Bill (First & Last) _____			
Year of Birth (optional) _____			
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"/> Hmong	<input type="checkbox"/> Braille	<input type="checkbox"/> Large Print (English Only)	
How did you learn about us?			
<input type="checkbox"/> Bus Ad	<input type="checkbox"/> Event	<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> 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: 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.

Signature of Applicant Date

Print Your Name _____

Your Signature _____

Date _____

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

- 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)*
- CA Physician Assistant

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

Note: _____

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 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

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, Ed Roberts Campus, 3075 Adeline Street, Suite 260, CA 94703
- Burbank, 303 N. Glenoaks Boulevard, Suite L-130, CA 91502
- Fresno, 7525 N. Cedar Avenue, Suite 115, CA 93720
- Redding, 2861 Churn Creek Road, Suite A, CA 96002
 Limited Hours: 2nd Wednesday and 2nd Thursday of each month, 10 am–4 pm, excluding holidays
- Riverside, 6370 Magnolia Avenue, Suite 310, CA 92506
- Sacramento, 2033 Howe Avenue, Suite 150, CA 95825
- Salinas, inside the DHHSC Office, 339 Pajaro Street, Suite B, CA 93901
 Limited hours: 2nd Friday of each month, 10am–11:30am (closed 11:30am–1pm) and 1pm–3pm, excluding holidays
- San Diego, 1455 Frazee Road, Suite 406, CA 92108
- Santa Ana, 2677 N. Main Street, Suite 130, CA 92705
- Santa Barbara, Independent Living Center, 423 W. Victoria Street, CA 93101
 Limited hours: 2nd Wednesday of each month, 9am–noon (closed noon–1pm) and 1pm–3pm, excluding holidays

► **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
- Vietnamese: 1-855-247-0106
- Español: 1-800-949-5650
- 粵語 : 1-866-324-8754
- Hmoob: 1-866-880-3394
- TTY: 1-800-806-4474

English email: info@CaliforniaPhones.org Español email: info-es@CaliforniaPhones.org

Office Use Only

Processed by	
Date	

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