2. 由授權的認證人員填寫此部分 ○ Have this section completed by an authorized certifying agent. (按摩治療師或針炙師簽名無效)。

☐ Licensed Medical Doctor☐ Department of Rehabilitation Counselor	•	☐ Licensed Audiologist				
☐ Superintendent/Audiologist from the Ca☐ Licensed Hearing Aid Dispenser (see pro	lifornia School for the Deaf Fremorovision below)*					
☐ Licensed Physician Assistant		athologist				
Impairment(s) of the Applicant (Check ☐ Deaf/Deafened ☐ Mobility/Manipulation Hearing Loss: ☐ Mild ☐ Moderate	n 🔲 Hard of Hearing 🔲 Blind	□ Low Vision □ Speech □ Cognitive per 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)						
	License Number					
)				
		Date				
*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. 選擇以下一種方法交回此表格。

- ▶ 請把填好的表格交至下列任何一間服務中心,即可在當天取得電話:服務中心位置請查看此網站 (www.californiaphones.org)
- CTAP/California Phones P.O. Box 30310, Stockton, CA 95213 ▶ 傳真至:1-800-889-3974

如郵寄、發送電子郵件或傳真表格,應於一週內收到認可信件,然後請來電(或到服務中心) 選擇適合您的電話!我們便可為您寄送電話或者您可以在服務中心領取電話。

如果您在填寫此申請表時需要協助,或想要瞭解更多資訊或更多申請,請瀏覽 www.californiaphones.org 支援網路線上諮詢。

聯絡中心營業時間:週一至週五(上午7時至下午6時),週六(上午9時至下午4時), 節假日除外。

English: 1-800-806-1191 Tiêng Viêt: 1-855-247-0106 Español: 1-800-949-5650 Русский: 1-855-546-7500 囡捂: 1-866-324-8747 Hmoob: 1-866-880-3394 TTY: 1-800-806-4474 粤捂: 1-866-324-8754

English email: info@CaliforniaPhones.org

Email en español: info-es@CaliforniaPhones.org

