CAPTEL PROGRAM FOR CONNECTICUT

RESIDENTS ONLY

APPLICATION FOR CAPTEL LOAN PROGRAM

Fill out this application form (please print) and return to:

Converse Communications Corporation
34 Jerome Avenue Bloomfield, CT 06002
Phone: (800) 743-1219 Fax: (860) 243-1320
Email: info@conversecommunications.com

Full Name _____
First Middle Initial Last

Address _____ Apartment Number _____

Town _____ State **CT** Zip Code _____

Home Phone No. ( ) _____ Social Security # _____
(Last 4 digits acceptable.)

Email Address: _____

To be eligible for equipment through this Program you **must** be a Connecticut resident.

1. Who is your telephone service provider? (Comcast, Cox, Frontier, etc.) _____
2. Do you have WiFi? Yes No
3. Are you hard of hearing? Yes No
4. Do you have clear speech to talk on the telephone? Yes No
5. I understand that upon disconnection of telephone service, or if I move out of State the equipment must be returned to Converse Communications at the address above. Yes No
6. I understand that Converse is not liable for any damages caused by the use of or the possession of this equipment. Yes No
7. I understand that the undersigned is liable for the loss, neglect or theft of the Loan Equipment. Yes No

_____ _____
Applicant's Signature Date

Note: All information given on this form will be kept confidential. 06/2016