

APPLICATION FOR TRS LOAN EQUIPMENT

Fill out this application form (Please Print) and mail it to:

Converse Communications Corporation
34 Jerome Avenue Bloomfield CT 06002
Phone: (800) 743-1219 Fax: (860) 243-1320

Full Name _____ S S # (Last 4 Acceptable) _____

Address _____ Apartment Number _____

Town _____ State _____ Zip Code _____

Home Phone Number () _____ Work Phone Number () _____

Email Address: _____

Please answer the following questions by circling Yes or No:

1. Does your household already have TRS Loan Equipment? Yes No

2. Are you a permanent year round Connecticut Resident? Yes No

3. What is the nature of your impairment?

Check One: Speech _____ Hearing _____ Both _____

4. Are you 8 years or older? Yes No

If under 18 yrs. complete the following:

a. Date of Birth: _____

b. Parent / Guardian Signature: _____

5. Does your household have Telephone Service? Yes No

6. Have you ever applied for a Loan in CT before? Yes No

7. Are you familiar with CT Telephone Relay Service (TRS)? Yes No

8. Are you familiar with TRS Equipment? Yes No

9. Which means of TRS Access communication do you feel will help you communicate most effectively?

Check One: TTY _____ VCO _____ HCO _____ Not Sure _____

10. Is your disability permanent? Yes No

11. Have you tried using an amplified phone? Yes No

Please check all that apply to your communications impairment:

_____ I use ASL (American Sign Language).

_____ I read lips.

_____ I am a late deafened adult.

_____ I can speak, but cannot hear.

_____ I can hear, but cannot speak.

Applicant's Signature

Date