

# The Maryland Accessible Telecommunications (MAT) Program

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**Telecommunications  
Access of Maryland**



**Maryland Accessible  
Telecommunications**  
*Equipment Distribution Program*

# Who Oversees the MAT Program?

The MAT program is administrated by Telecommunications Access of Maryland, a State agency located within the Maryland Department of Disabilities

## Who Benefits from the MAT Program?

- Deaf/Late-Deafened (severe to profound hearing loss)
- Hard of Hearing (unable to hear speech on phone without amplification)
- Low Vision/Blind (blind/significant loss of field/acuity; legally blind)
- DeafBlind (severe to profound hearing loss AND loss of sight)
- Difficulty Speaking (unable to speak intelligibly/loudly on phone)
- Limited Mobility (little/no ability to grip, lift, hold or dial phone; difficulty walking)
- Cognitive Difficulty (difficulty dialing series of numbers)



## What Telecommunications Equipment is Available?

- Amplified phones
- Hands-free phones
- TTYs
- Large button phones
- Picture phones
- Captioned Telephones
- Mobile devices
- Emergency dialers

*...and more...*



# Caption Phones and Next Generation Phones

- **Caption Phones**
- **Google Pixel 4 Cell Phone**





# Eligibility

## *Who Qualifies?*



Residents of  
Maryland



Persons at least  
3 years old



Persons on a  
limited income



Veterans receiving  
benefits



Persons who are certified  
as having difficulty using a  
standard telephone



Persons who have  
phone service (if the  
equipment requires it)

# Required Documents

## Copies of:

- **Internet, phone or utility bill**
- **One proof of income**
  - **SSA award letter (SSA, SSI, SSDI)**
  - **Bank statement showing SSA deposit and applicant's name with all other information blocked out**
  - **Letter from a care entity stating the individual's needs are met through the institution's care fee**
  - **VA benefit**
  - **TDAP**
  - **TANF**
  - **Pharmacy, medical or housing assistance paperwork**
  - **Unemployment pay stub, last year's tax return or 2 most recent work pay stubs**
  - **Photo ID**

## MAT Application, Part 2 | Eligibility

### DO YOU (if yes, put a check)

- ☐ Have landline telephone service in your home now?  
If not, have you applied to get telephone service? ☐ Yes ☐ No
- ☐ Have Internet service in your home now?  
If not, have you applied to get Internet service? ☐ Yes ☐ No

### Receive one of the following:

- ☐ Social Security (SSA)
- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Insurance)

*Please include a copy of your most recent Social Security Administration Award Letter.*

### OR

- ☐ Veterans (VA) benefits
- ☐ Temporary Disability Assistance Program (TDAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Pharmacy, medical, or housing assistance

*Please include the most recent copy of paperwork as proof of eligibility.*

### OR

- ☐ Live on a limited or fixed income

*Please include 2 most recent pay stubs, OR; unemployment pay stubs, OR; last year's income tax forms.*

How many members are in your household? \_\_\_\_\_

### ALSO INCLUDE:

- ☐ Copy of your telephone bill, Internet bill, or other utility bill
- ☐ Copy of your Maryland issued photo ID, driver's license, or identification card

PLEASE DO NOT SEND ORIGINALS (they will not be returned)!

# Disability Certification Form

## Who Can Sign

- Any licensed health care provider that can attest to the applicant's disability
- Social Worker
- VR Counselor
- PT, OT, audiologist
- SLP, physician, nurse...

***We can also fax it to the healthcare provider with the Release of Information form requesting approval.***

### MAT Application, Part 5

#### DISABILITY CERTIFICATION FORM

*Applicant: Please complete this part and give the form to your doctor, audiologist, rehabilitation counselor, or speech pathologist.*

Applicant's Name \_\_\_\_\_ Date of Birth: mm/dd/yyyy \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number (last 4 digits) \_\_\_\_\_

I authorize MAT to have access to and use information contained in this Disability Certification Form.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PROFESSIONAL CERTIFICATION SECTION

**Note to Health Care Provider:** This form must be filled out by a practicing licensed professional as listed below, acting within the scope of his or her license, or by an authorized representative of a state agency or educational institution approved by Telecommunications Access of Maryland.

I certify that the above named person has impairment(s) marked below and is limited in his/her ability to use a standard phone.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

#### Check one:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Physician                                      | <input type="checkbox"/> Audiologist        | <input type="checkbox"/> Rehabilitation Counselor | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Social Worker                                  | <input type="checkbox"/> Psychologist       | <input type="checkbox"/> Mental Health Counselor  | <input type="checkbox"/> Register Nurse (RN)         |
| <input type="checkbox"/> Licensed Practical Nurse (LPN)                 | <input type="checkbox"/> Physical Therapist |   |  |
| <input type="checkbox"/> Other health care professional (specify) _____ |   |   |  |

Office Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ State Lic/Cert # \_\_\_\_\_

#### DISABILITY (check all that apply)

- ☐ Deaf/Deafened – severe to profound hearing loss; cannot benefit from telephone amplification
- ☐ Hard of Hearing – needs amplification to effectively use a telephone  
Hearing loss is: ☐ mild ☐ moderate ☐ severe
- ☐ Low Vision/Blind – vision with correction is 20/200 or less in the better eye, or the visual field is 10 degrees or less
- ☐ Deaf/Blind – severe to profound hearing loss and vision with correction of 20/200 or less in the better eye, or the visual field is 10 degrees or less
- ☐ Speech Difficulty – unable to speak intelligibly, or requires amplification to be heard on the phone
- ☐ Limited Mobility – ☐ upper body ☐ lower body ☐ both – impaired ability to grip, lift, hold, or dial the telephone, or impaired ability to get the phone when it rings
- ☐ Cognitively Difficulty – impaired ability to dial a series of numbers, to access (or memorize) a list of phone numbers, or to use the phone to get emergency services

#### Note to Licensed Health Care Provider

This form can be faxed directly to 410-767-4276. Or scanned and emailed to [MATProgram1@maryland.gov](mailto:MATProgram1@maryland.gov).

Questions? Call Customer Service at 800-552-7724 or 410-767-7253 (Voice/TTY) 410-801-9618 (Video Phone).



## Application Details

- Available online at MDRelay.org
- Call 800-552-7724 or 410-767-6960 (Voice/TTY) or 443-453-5970 (Video Phone) to request by mail
- Email us at [Mat.program1@Maryland.gov](mailto:Mat.program1@Maryland.gov) and request an electronic application

*We are happy to provide your agency with paper applications and supplemental brochure materials.*



301 W. Preston St. Suite 1008A  
Baltimore, MD 21296

800-552-7724 | 410-767-7253 (Voice/TTY)  
410-801-9618 (Video Phone)  
mdrelay.org



### MAT Applicants:

1. Please complete Parts 1, 2, 3 and 4 of this application (pages 1 through 5).
2. Detach page 7, along the perforation. Complete the top section of Part 5, the Disability Certification Form, and give this form to your doctor, audiologist, rehabilitation counselor, speech pathologist, social worker, psychologist, mental health counselor, registered nurse, licensed practical nurse, or physical therapist to complete and return directly to MAT. If documents are too large, tape the prepaid label to the front of a separate envelope.
3. Make a copy of your required eligibility documents (do not send the original documents; they will not be returned). The copied eligibility forms can be folded and taped inside of your completed application, and sent directly to TAM showing the pre-paid, addressed panel on the outside.
4. Applicants are encouraged to make a copy of their **entire application** for personal reference.

If you prefer to email your application and documentation, it can be sent to: [MAT.Program1@maryland.gov](mailto:MAT.Program1@maryland.gov)

### MAT Application Part 1

Please print. Please use ink.

Last name	First name	MI
Mailing Address (must <u>not</u> be a PO box)		Apt.
City	State	Zip Code
Social Security Number (last 4 digits)		Date of Birth: mm/dd/yyyy
E-mail	Phone Number	
Circle all that apply:		
Voice   Captioned Telephone   HCO   STS   Video		

#### Your county (check one):

- |   |                                     |  |                                     |
|---|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Allegany         | <input type="checkbox"/> Carroll    | <input type="checkbox"/> Harford         | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> Anne Arundel     | <input type="checkbox"/> Cecil      | <input type="checkbox"/> Howard          | <input type="checkbox"/> Somerset   |
| <input type="checkbox"/> Baltimore City   | <input type="checkbox"/> Charles    | <input type="checkbox"/> Kent            | <input type="checkbox"/> Talbot     |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Montgomery      | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Calvert          | <input type="checkbox"/> Frederick  | <input type="checkbox"/> Prince George's | <input type="checkbox"/> Wicomico   |
| <input type="checkbox"/> Caroline         | <input type="checkbox"/> Garrett    | <input type="checkbox"/> Queen Anne's    | <input type="checkbox"/> Worcester  |

## **What happens next?**

- *Application and supporting documents are reviewed and approved.*
- *Notification by email or paper mail will be sent if any information is missing.*
- *Applicant is notified of approval by letter and or email and given evaluator's name and contact.*
- *Evaluator receives notification applicant is approved and an assessment should be scheduled*
- *Applicant and evaluator schedule assessment*

## **What happens next?**

- *Assessment can be completed by phone, or in person at a test site or the applicant's home.*
- *Applicant is assessed for appropriate equipment and has the chance to test recommendations.*
- *Recommended equipment is shipped to applicant or desired recipient.*
- *Set-up and training available as needed.*



**Help Needed!!!**

***If your referral needs extra assistance and no one is available, please contact us.***

***We are more than happy to assist.***



# Questions? Contact Us:



Kevin Steffy  
MAT Program Manager  
410-246-4418 – Office  
443-852-6717 – Text only  
[kevin.steffy@maryland.gov](mailto:kevin.steffy@maryland.gov)

Visit **MDRelay.org** | Email **moreinfo@mdrelay.org**  
Call **1-800-552-7724 (Voice/TTY)** **443-4453-5970 (Video Phone)**

*Telecommunications Access of Maryland  
301 West Preston Street, Suite 1008A  
Baltimore, MD 21201*

 **MarylandRelay711**

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