



Free CapTel™ Phone Application Form¹

FEDERALLY RECOGNIZED* TRIBE MEMBER OR DESCENDENT

To qualify for a free CapTel phone² for work or home, you need to meet/complete **ALL** three requirements:

1. U.S. Indian affiliated with a Federally recognized tribe
2. Complete this CapTel phone application and submit with item #3 to: Sprint - Federal Relay, Attn: Free CapTel Phone, 401 Ninth Street, NW, Suite 400, Washington, DC 20004 or via Fax 202-585-1841.
3. Submit a copy of your **Tribal Enrollment Card, Certificate Degree of Indian Blood (CDIB)** or a **signed letter** from your tribal council or tribal leader (see attached sample letter)

* Listing of Federally recognized tribes are listed in this document at:

<http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/pdf/03-30244.pdf>

Tribe Name**	
Your Full Name**	
Street Address**	
Suite/Dept/Room**	
Town, State, Zip**	
Work/Home Email	
Work/Home Fax	
Work/Home Phone**	

** Required

Onset of hearing loss (age)	
Degree of hearing loss (w/o the use of assistive technology)	Mild____, Severe____, Severe/Profound____, Profound____ Other _____
Assistive Technology Used	Hearing aid(s)____, Cochlear Implant____, Other _____

(check all that apply)

How are you communicating with hearing individuals on the telephone?	
Amplified Phone	Amplified telephone____, (w/ difficulty____, w/ people I know well____)
Relay Service	TTY____, Two-Line VCO____, VCO____, None/NA____, Other _____

Additional or Replacement Item (all phones will come with standard handsets unless identified below.)

AUDIO JACK HANDSET (for 1st free phone) (used with neck-loops and other assistive technology)	Yes____, No____
2nd CapTel Phone (If yes, additional paperwork will be sent to you)	Yes____, No____

¹ This phone is available only for your workplace (office) or home. Application form must be complete in its entirety – qualification will be delayed if not all information is supplied. Second phone is available for \$495. This application form is for internal use only and will not be distributed nor sold to the public.

² Requires an analog line or analog port

For official use only	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
<input type="checkbox"/> FX _____	Signature _____ Date _____
<input type="checkbox"/> SYS _____	

Sample Letter

USE OFFICIAL TRIBAL LETTERHEAD

September 1, 2004

Sprint – Federal Relay
Attn: Free CapTel Phone
401 Ninth Street NW, Suite 400
Washington, DC 20004

Dear Sprint – Federal Relay,

This letter is to confirm that Jane Doe is a member or descendent of the Federally recognized _____ tribe. Attached is a completed application form for your consideration. Please send the free Federal CapTel phone at your earliest convenience.

Sincerely,

John Hancock

John Hancock
Supervisor (or applicable title)

Please return this form AND official tribe letter to:

Sprint – Federal Relay
Attn: Free CapTel Phone
401 Ninth Street NW, Suite 400
Washington, DC 20004
Fax: 202-585-1841
Email: randy.g.murbach@mail.sprint.com