



Sprint – Free CapTel Phone Application Form ¹

RETIRED³ FEDERAL, DOD, MILITARY PERSONNEL AND VETERANS

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

1. Retired Federal, DOD or Military status AND have a hearing loss
2. Complete this CapTel phone application form and submit with item #3a or #3b to:
Sprint – Federal Relay, Attn: Free CapTel Phone, 401 Ninth Street NW Suite 400, Washington, DC 20004 or Fax 202-585-1841
3. Submit “official” verification of your retirement status.
 - a. **Military Retirees & Veterans** – DDForm 214 (Separation Papers)
To request your DDForm 214 from the National Personnel Records Center, fax a Standard Form 180 (see attached) to (314) 801-9195 or visit them at www.vetrecs.archives.gov to make an electronic request. You may also mail to: National Personnel Records Center, Military Personnel Records, 9700 Page Avenue, St. Louis, MO 63132-5100.
 - b. **Civilian Retirees** – SF50 or other official verification of retirement status
To request verification from the Retirement Operations Center, fax a request to the attention of the Correspondence Section at (724) 794-4668 or send your request to PO Box 45, Boyers, PA 16017. **Your request must include:** 1) Full Name, 2) Maiden/Other names used, 3) Social Security Number, 4) Date of Birth, and 5) Signature.

Agency Name*		
Agency Type (circle one)*	Military Civilian Other: _____	
Your Full Name*		
Other Name(s) Used*		
Street Address*		
Town, State, Zip*		
Phone* ()	Fax (optional) ()	Email

* Required

Onset of hearing loss (age)	
Degree of hearing loss (w/o use of assistive technology)	Mild____, Severe____, Severe/Profound____, Profound____ Other_____
Assistive Technology Used (check all that apply)	Hearing aid(s)____, Cochlear Implant____, Other_____
Amplified Phone	Amplified telephone____, (w/ difficulty____, w/ people I know well____)
Relay Service	TTY____, Two-Line VCO____, VCO____, None/NA____, Other_____

¹ This phone is available for Retired Federal, DOD, Military and Veterans only. Application form must be complete in its entirety – qualification will be delayed if not all information is supplied. 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

³Twenty (20) years of service or age, whichever comes first.

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

