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## How To Apply For A Reduction In Charges

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Persons Whose hearing or speech impairment requires their use of a teletypewriter or telecommunications device for the deaf for telephone communications are eligible for reduced rates for certain services.

Those qualifying for reduction are : a) persons with hearing impairment as defined on the last page of this application; or b) persons with severe speech impairment as defined on the last page of this application. Reductions will be provided where the telephone is in the disabled person's name, or in the name of a member of his or her household.

The services for which the reduced rates may apply are:

### Long Distance

- Long Distance dial station-to-station (DDD) day or evening calls originated from a designated residence telephone associated with a Portable Communications Terminal or TDD/TTY. The reductions are as follows:
- A DDD call made in the day rate period will be billed at the evening DDD rate:
- A DDD call made in the evening rate period will be billed at the night DDD rate.

### Terminal Devices

- A "Certified User" rate for BellSouth's Portable Communications Terminal for the Deaf will apply for qualified customers. This device is acoustically coupled, and can be used with all standard telephone sets. These steps should be followed in applying for either or both reductions. Please print or type all answers except items 7 and 9.

- a. Give your name and address.
- b. Fill in the name and address of the customer to whom the telephone is billed. This information appears in the tip center section of the monthly bill.
- c. Fill in the ten-digit telephone number, which includes your area code, as shown on the top line of the center section of the monthly bill.
- d. If you provide your own device, fill in the manufacturer's name, model number and serial number of the TDD/TTY. The manufacturer's name should be on the face of the TDD/TTY equipment and the model and serial numbers generally are on the back. Check with your supplier if you can't locate these numbers.
- e. After completing sections a, b, c, and d, please provide acceptable certification in item 7. This certification must be either one of the following:

- Signature of a physician, otolaryngologist, or licensed speech-language pathologist or audiologist, or of the authorized representative of a social agency that conducts programs for the hearing or speech impaired in cooperation with an official agency of your state;

Or

- As an alternative, you may submit a previous certification establishing the impairment of your hearing or speech, such as those that qualify you for social security benefits on the basis of total hearing impairment or for use of facilities of an agency for the hearing or speech impaired.

In either case, please be certain to complete item 8. Then sign and date the application.

- f. Contact your local telephone business office for mailing instructions.  
**All information on this application will be kept in strict confidence.**