

# Ciali Thov Hnub No! Nws sai, yooj yim, thiab tau dawb!

## 1. Sau txhab ntxiv seem no kom tiav. Nws tsis muaj dab tsi yuav khi yus.

Lub xeeb _____		Lwm tus neeg yuav cuag tau (Npe & Xeeb) _____	
Lub npe _____	Lub npe _____	Npe nruab rab _____	Kev txheeb ze _____ Xov tooj ( ____ ) _____
CA _____		Lub chaw koj siv xov tooj npe _____	
Chaw nyob txoj kev _____	Nroog _____	Xeev _____	Cim zip _____
Koj tus xov tooj* ( _____ ) _____		Lub npe tshwm ntawm daim nqi xov tooj (Npe & Xeeb)* _____	
Email (nyob ntawm yeem) _____		Haiv neeg: (nyob ntawm yeem) <input type="checkbox"/> Neeg Dawb <input type="checkbox"/> Neeg Latino <input type="checkbox"/> Neeg Asmeskas Dub	
*Txhob yog lub xov tooj nqa ntawm cev.		<input type="checkbox"/> Neeg Asmeskas Khab <input type="checkbox"/> Neeg Pov txwv (Pacific) <input type="checkbox"/> Neeg Esxias <input type="checkbox"/> Lwm hom	
		Hnub Nyooq: <input type="checkbox"/> 18 los yog hluas dua <input type="checkbox"/> 19-35 <input type="checkbox"/> 36-55 <input type="checkbox"/> 56-75 <input type="checkbox"/> Tshaj 75	
<p><i>TSEEM CEEB, NYEEM UA NTEJ KOS NPE Rau hauv Daim Ntawv Cog Lus Ris Txhaum Uas Muaj Cij Ciam (Limited Liability Agreement). Tus neeg thov zoo siab cog lus tias CPUC thiab/los yog lub xeev California, thiab/los yog lub chaw pab nyiaj California Communications Access Foundation (CCAF) yuav tsis lees txhaum xws li muab los yog qhia tswv yim, kev siv, kev ua hauj lwm los tsis ua, thiab/los yog kev siv cov cuab yeej sib txuas lus uas raug muab rau tus neeg thov raws li fab kev pab no (Cuab yeej). Tus neeg thov zoo siab cog lus tias yuav txhaum, thaiv, thiab nres kom tsis pub muaj kev ntxhrov rau CPUC rau Lub xeev California, thiab/los yog rau CCAF los ntawm ib tus neeg sab nraum tuaj nplua, tej nqi (xws li nqi rau kws lij choj yam tsis muaj qab hau li), thiab kev piam sij tej yam tshwm sim nrog los yog sib txuas rau kev yog tswv cuab, kev siv, kev ua hauj lwm los tsis ua, thiab/los yog kev siv kom cuab yeej ua hauj lwm. Tus neeg thov zoo siab cog lus rau CPUC, rau lub xeev California, thiab/los yog rau CCAF yuav tsis pub kom txhaum tus thov los yog ris kev txheem rau ib tus neeg twg tej nuj nqis, kev ploj, los yog ua kom puas tsuaj, yam txhob txwm los yog yuam kev, nrog los yog rau kev ua tswv cuab, kev siv, thiab/los yog kev siv kom cuab yeej ua hauj lwm. Kuv muaj pov thawj tias kuv nyob hauv lub tsev uas yeej tau txais xov tooj cheeb tsam nruab ze hau California.</i></p>			
Leejtwg qhia koj txog peb: _____		Tus Thov Kos Npe _____ Hnub tim _____	
Xov tooj cua _____	TV _____	Ntawv xov xwm _____	Npav <input type="checkbox"/> Mus hnor qhov twg los _____

### Leejtwg thiaj hais tau tias kuv tsimnyog tau txais khoom siv/xovtooj? Ib Tus Neeg Nrog Lees Paub hauv California.

Tomqab uas koj ua tiav Phaj 1 lawm, koj yuav tau nqa daim ntawv no mus rau ib tus Neeg Nrog Lees Paub hauv California pab nrog tshuaj saib koj puas tsimnyog tau txais kev pabcuam. Cov Neeg Nrog Lees Paub uas tau laixees hauv qab no yog cov uas hais tau hais tias koj tsimnyog tau txais ib lub xovtooj los siv: Kws Khomob, Kws Kho Pobntseg, Kws Phais, Kws Muag Qhovntsej Yas, Kws Kho Qhovmuag, Kws Khomob Rau Cov Qub Tubrog, Kws Pab Rov Xyaum Ua Haujlwm, Iossis tus Thawj Tsavxwm Saib Phab Kev Kawm rau cov tsis Hnov lus Iossis Kws Kho Pobntseg hauv Riverside/Fremont xeev California. Tus Neeg Nrog Lees Paub hauv California yuavtsum tau fias Phaj 2 ntawm daim ntawv no uanteg koj yuav xa tau tuaj rau peb tsoxmam saib koj puas tsimnyog tau txais kev pabcuam. Peb yuav txais tsis tau cov Kws Tshuaj Ntsuab (Herbalists), Kws Zuaj Lub Cev (Chiropractors) Iossis Kws Nkaug Leeg (Acupuncturists) los ua cov Neeg Nrog Lees Paub.

## 2. Muab seem ntawm no rau ib tug uas cov muaj txoj cai sau txhab ntxiv rau: Have this section completed by one of these certifying agents:

- CA State Licensed Medical Doctor
  - CA Licensed Optometrist
  - CA Licensed Audiologist
  - CA Department of Rehabilitation Counselor
  - CA Superintendent/Audiologist from the Fremont/Riverside School for the Deaf
  - CA Licensed Hearing Aid Dispenser (see provision below)\*\*
- Impairment(s) of the Applicant:  Deaf/Deafened  Mobility/Manipulation  Hard of Hearing  Blind  Low Vision  Cognitive
- Speech Special Equipment/dB Recommended: \_\_\_\_\_

Hearing Loss:  Mild  Moderate  Severe      Mobility:  Upper body  Lower Body  Both

*I certify that the above named person has the impairment(s) marked above that restrict(s) his or her use of the telephone and qualifies for equipment provided under California state legislation.*

Print Name (Must be legible) \_\_\_\_\_

Degree (MD, DO, OD, AuD, PhD, MS, MA, Other): \_\_\_\_\_ License Number \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_ Signature of Certifying Agent \_\_\_\_\_ Date \_\_\_\_\_

\*\* For CA Licensed Hearing Aid Dispensers – I certify that I have fitted the above person with an amplified device and have the individual's hearing records on file.

Signature (Hearing Aid Dispensers only) \_\_\_\_\_ Date \_\_\_\_\_ CA HAD License Number \_\_\_\_\_ Telephone \_\_\_\_\_

## 3. Xa koj tsab ntawv thov raws fax, chaw xa ntawv, los yog nqa mus kiag.

Twb tau kev tso cai? Tsis tag yuav tsum tau thov dua!

**Xa raws fax: 1-800-889-3974**

**Xa raws chaw xa ntawv: CTAP P.O. Box 30310, Stockton, CA 95213**

**Nqa mus kiag:**

**Oakland** 1970 Broadway, Suite 650

**San Diego** 2878 Camino Del Rio South, Suite 400

**Burbank** 303 N. Glenoaks Blvd., Suite L-130

**Riverside** 6370 Magnolia Ave., Suite 310

**Santa Ana** 2677 N. Main St., Suite 130

**Fresno** 7525 N. Cedar Ave., Suite 115

**Sacramento** 2033 Howe Ave., Suite 150

Yog xa raws Fax los yog xa raws chaw xa ntawv, peb yuav tham nrog koj. Haiv lus dab tsi: \_\_\_\_\_  Ntawv Xuas  Sau ntawv loj loj

Xav paub ntau los yog xav tau ntau daim ntawv tso cai:

**Hmoob 1-866-880-3394**

**English 1-800-806-1191**

**www.ddtp.org**



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