

# California Residents, Your Sidekick Pager Is Waiting

## 3 Easy Steps Apply Today!

1. Live in the Sacramento, Fresno, or Santa Ana Area

2. Be CTAP-Certified as Speech-Disabled, Deaf, or HOH and a California LifeLine Participant

3. Fill out a Wireless Pilot Program Application/ Participation Agreement



**Need more information?**

Call 1-866-845-8761 (Voice)

1-510-271-8438 (TTY)

Visit [www.ddtp.org](http://www.ddtp.org) or email [wirelessinfo@ddtp.org](mailto:wirelessinfo@ddtp.org).

CTAP provides Sidekick at no cost, monthly service fees apply.

**Limited availability! Respond now!**



California Telephone  
Access Program

[www.ddtp.org](http://www.ddtp.org)



A Program of the California  
Public Utilities Commission



**T-Mobile®  
stick together™**



California Telephone Access Program  
www.ddtp.org



Programs of the California Public Utilities Commission  
Deaf and Disabled Telecommunications Program

***Let Your Fingers Do the Talking...***

Dear Consumer interested in the Wireless Technology Pilot Program:

The California Public Utilities Commission (CPUC) is launching a pilot program to put Sidekicks (wireless text device) into the hands of low-income Speech-disabled, Deaf, and Hard of Hearing Californians. This pilot is on a limited, first-come first-served basis. If you qualify, the Sidekick is available at no cost, but you would be responsible for any costs associated with your chosen service plan, as well as any costs associated with the maintenance, repair, or replacement of your wireless device.

Interested in participating in the pilot program? It's as easy as 1-2-3:

1. Live in the Sacramento, Fresno, or Santa Ana area
2. Be CTAP-certified as Speech-disabled, Deaf, or Hard-of-Hearing
3. Be a current California LifeLine Telephone Service participant

If you meet the criteria listed above, you can apply to participate in the Wireless Technology Pilot Program. The application and instructions are in the enclosed three pages. For more information, please contact CTAP at 1-866-845-8761 (Voice), 1-510-271-8438 (TTY), [wirelessinfo@ddtp.org](mailto:wirelessinfo@ddtp.org) (E-mail), or [www.ddtp.org](http://www.ddtp.org) (Web).

Best regards,

CTAP Customer Contact Department



California Telephone Access Program  
www.ddtp.org



Programs of the California Public Utilities Commission  
Deaf and Disabled Telecommunications Program

## Wireless Technology Pilot Program Application Instructions

The following enclosed items **must be completed and returned at the same time:**

1. Wireless Technology Pilot Program User Agreement (“Mail this Copy” at bottom of single-sided self-carboning sheet)
2. CTAP Application (one single-sided sheet—fill this out and submit it along with the User Agreement **only** if you are not already CTAP-certified)
3. A recent copy of your telephone bill, which verifies your current participation in the California Lifeline program.

**Mail or Fax** these documents to:

CTAP/DDTP

Attn: Customer Contact Dept

505 Fourteenth Street, Suite 400

Oakland, CA 94612

Fax: 1-510-271-8324

Please review the following items, which do not need to be returned and you may want to file for future reference:

1. “Dear Consumer interested in the Wireless Technology Pilot Program” letter (other side of this sheet)
2. Wireless Technology Pilot Program Application Instructions (this sheet)
3. Wireless Technology Pilot Program Application Cover sheet (cover of this packet)
4. Wireless Technology Pilot Program User Agreement (“Retain this Copy” at bottom of single-sided self-carboning sheet)
5. FAQs for T-Mobile Sidekick Pilot Program (two double-sided sheets)

If you have any questions or need more information, please contact CTAP at 1-866-845-8761 (Voice), 1-510-271-8438 (TTY), [wirelessinfo@ddtp.org](mailto:wirelessinfo@ddtp.org) (E-mail), or [www.ddtp.org](http://www.ddtp.org) (Web).



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**Wireless Technology Pilot Program User Agreement**

Name of pilot Participant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: (            ) \_\_\_\_\_ Cell No: (            ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Terms and Conditions**

1. As a pre-condition to qualifying for the Wireless Technology Pilot Program, applicants cannot already be using a wireless device and have wireless service. Therefore, I declare that I do not currently have a wireless device and wireless service.
2. I understand that I would be allowed to keep my CTAP landline equipment in addition to the wireless device provided to me through this pilot program.
3. I understand that I would be the owner of the wireless device, not the State. Therefore, I would be responsible for any costs associated with my chosen service plan. As such, I would also be responsible for any costs associated with the maintenance, repair, or replacement of the wireless device.
4. I take full responsibility for reading the equipment user manual and any associated bulletins, which describe how to use the wireless device and the service. These documents will be provided with the wireless device at the time of issuance.
5. I agree to participate in all mandatory Wireless Technology Pilot Program participant surveys. I understand that I may need to provide the State with detailed information about my experience using the wireless device, the cost and quality of my service plan, and the ease of the process to obtain the equipment and service.

**Your signature** below will **signify your agreement** with the terms and conditions of the pilot program. In addition, along with this signed agreement you have enclosed a recent copy of your telephone bill which verifies that you are a current California Universal LifeLine participant. If you fail to send a recent copy of your telephone bill you will not be considered for participation in the pilot program.

**Wireless Pilot**

**Participant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail this Copy**



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www.ddtp.org



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**Wireless Technology Pilot Program User Agreement**

Name of pilot Participant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: (            ) \_\_\_\_\_ Cell No: (            ) \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Wireless Pilot**

**Participant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Retain This Copy**

# Apply today. It's Fast and Easy!

## 1. Complete this section. There is no obligation.

Last Name _____		First Name _____	MI _____	Alternate Contact (First & Last) _____
Street Address _____		City _____	State CA _____	Relationship _____ Tel. Number ( ____ ) _____
Your Telephone Number* ( ____ ) _____		Zip _____		Your Local Phone Company's Name _____
Email Address (optional) _____		Name on Phone Bill (First & Last)* _____		Ethnicity (optional): <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> African American
*Cannot be a cellular phone.				<input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other
				Age: <input type="checkbox"/> 18 or under <input type="checkbox"/> 19-35 <input type="checkbox"/> 36-55 <input type="checkbox"/> 56-75 <input type="checkbox"/> Over 75

**IMPORTANT, READ BEFORE SIGNING Limited Liability Agreement** The applicant hereby agrees that the CPUC and/or the State of California, and/or the California Communications Access Foundation (CCAF) make(s) no warranties, either express or implied, with regard to the possession, use, condition, and/or operation of the telecommunications equipment provided to applicant as part of this program (the Equipment). The applicant hereby agrees to indemnify, defend, and hold harmless the CPUC, the State of California, and/or the CCAF from any and all third party claims, costs (including without limitation reasonable attorneys' fees), and losses which in any way arise out of or in connection with the possession, use, condition, and/or operation of the Equipment. The applicant hereby agrees that the CPUC, the State of California, and/or the CCAF shall have no liability to the applicant or any other person with respect to any liability, loss, or damage caused or alleged to be caused, directly or indirectly, by or through the possession, use, and/or operation of the Equipment. I verify that I live in a household that subscribes to local telephone service in California.

How did you hear about us : \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Radio \_\_\_\_\_ Television \_\_\_\_\_ Newspaper \_\_\_\_\_ Other \_\_\_\_\_ Mail  Bus

## 2. Have this section completed by one of these certifying agents:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> CA State Licensed Medical Doctor   | <input type="checkbox"/> CA Licensed Optometrist                                   | <input type="checkbox"/> CA Licensed Audiologist | <input type="checkbox"/> CA Department of Rehabilitation Counselor |
| <input type="checkbox"/> CA Superintendent/Audiologist from the Fremont/Riverside School for the Deaf | <input type="checkbox"/> CA Licensed Hearing Aid Dispenser (see provision below)** |  |  |
- Impairment(s) of the Applicant:  Deaf/Deafened  Mobility/Manipulation  Hard of Hearing  Cognitive
- Blind  Low Vision  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. Submit your request by fax or by mail Already certified? No need to reapply!

**Fax** 1-510-271-8324 **Mail** DDTP Customer Contact, 505 14th St. Suite 400, Oakland CA 94612

### For Further Information :

**Call** 1-866-845-8761 (Voice) **Email** wirelessinfo@ddtp.org **WEB** www.ddtp.org

1-510-271-8438 (TTY)



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A Program of the California Public Utilities Commission

