



Telecommunications Access of Maryland

Keeping Marylanders Connected by Phone



What is TAM?

- State agency located within the Maryland Department of Disabilities
- Provides assistive services and equipment for Marylanders who have difficulty using a telephone through
 - Maryland Relay
 - Maryland Accessible Telecommunications (MAT) program

The Maryland Accessible Telecommunications (MAT) Program



Provides assistive telecommunications devices to qualified Marylanders.

What Telecommunications Equipment is Available?

- Amplified phones
- Wireless devices
- Large button phones
- Picture phones
- Captioned Telephones
- Emergency dialers
- Specialized switches



... and more...

Who Benefits From the MAT Program?

- **Deaf/Late-Deafened** (severe to profound hearing loss)
- **Hard of Hearing** (unable to hear speech on phone without amplification)
- **DeafBlind** (severe to profound hearing loss AND loss of sight)
- **Difficulty Speaking** (unable to speak intelligibly/loudly on phone)
- **Low Vision/Blind** (blind/significant loss of field/acuity; legally blind)
- **Limited Mobility** (little/no ability to grip, lift, hold or dial phone; difficulty walking)
- **Cognitive Difficulty** (difficulty dialing series of numbers)

MAT Program Eligibility—Who Qualifies?



Residents of
Maryland



Persons at least
3 years and older



Persons on a
limited income



Veterans receiving
benefits



Persons who are certified
as having difficulty using a
standard telephone



Persons who have
phone service (if the
equipment requires it)

Application Details

- Available online at MDRelay.org – equipment tab
- Call 800-552-7724 or 410-767-6960 (Voice/TTY) or 443-453-5970 (Video Phone) to request by mail
- Email us at MAT.Program1@Maryland.gov and request an electronic application



Maryland Accessible Telecommunications
Equipment Distribution Program

301 W. Preston St. Suite 1008A
Baltimore, MD 21201

800-552-7724 | 410-767-7253 (Voice/TTY)
410-801-9618 (Video Phone)
MAT.Program1@Maryland.gov
MDRelay.org



CHANGING
Maryland
for the Better

Maryland
DEPARTMENT OF DISABILITIES

MAT Applicants:

1. Please complete Parts 1, 2, 3 and 4 of this application (pages 1 through 5).
2. Detach page 7, along the perforation. Complete the top section of Part 5, the Disability Certification Form, and give this form to your doctor, audiologist, rehabilitation counselor, speech pathologist, social worker, psychologist, mental health counselor, registered nurse, licensed practical nurse, or physical therapist to complete and return directly to MAT. *If documents are too large, tape the prepaid label to the front of a separate envelope.*
3. Make a copy of your required eligibility documents (do not send the original documents; they will not be returned). The copied eligibility forms can be folded and taped inside of your completed application, and sent directly to MAT showing the pre-paid, addressed panel on the outside.
4. Applicants are encouraged to make a copy of their **entire application** for personal reference.
If you prefer to email your application and documentation, it can be scanned and sent to: MAT.Program1@Maryland.gov

MAT Application Part 1

Please print. Please use ink.

Last name	First name	MI																																				
Mailing Address (must <u>not</u> be a PO box)		Apt.																																				
City	State	Zip Code																																				
Social Security Number (last 4 digits)	Date of Birth: mm/dd/yyyy																																					
E-mail	Phone Number																																					
<p style="margin: 0;">Circle all that apply:</p> <p style="margin: 0;">Voice Captioned Telephone HCO STS Video</p>																																						
<p style="margin: 0;">Your county (check one):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Allegany</td> <td style="width: 33%;"><input type="checkbox"/> Carroll</td> <td style="width: 33%;"><input type="checkbox"/> Harford</td> </tr> <tr> <td><input type="checkbox"/> Anne Arundel</td> <td><input type="checkbox"/> Cecil</td> <td><input type="checkbox"/> Howard</td> </tr> <tr> <td><input type="checkbox"/> Baltimore City</td> <td><input type="checkbox"/> Charles</td> <td><input type="checkbox"/> Kent</td> </tr> <tr> <td><input type="checkbox"/> Baltimore County</td> <td><input type="checkbox"/> Dorchester</td> <td><input type="checkbox"/> Montgomery</td> </tr> <tr> <td><input type="checkbox"/> Calvert</td> <td><input type="checkbox"/> Frederick</td> <td><input type="checkbox"/> Prince George's</td> </tr> <tr> <td><input type="checkbox"/> Caroline</td> <td><input type="checkbox"/> Garrett</td> <td><input type="checkbox"/> Queen Anne's</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> St. Mary's</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Somerset</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Talbot</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Washington</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Wicomico</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Worcester</td> </tr> </table>			<input type="checkbox"/> Allegany	<input type="checkbox"/> Carroll	<input type="checkbox"/> Harford	<input type="checkbox"/> Anne Arundel	<input type="checkbox"/> Cecil	<input type="checkbox"/> Howard	<input type="checkbox"/> Baltimore City	<input type="checkbox"/> Charles	<input type="checkbox"/> Kent	<input type="checkbox"/> Baltimore County	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Calvert	<input type="checkbox"/> Frederick	<input type="checkbox"/> Prince George's	<input type="checkbox"/> Caroline	<input type="checkbox"/> Garrett	<input type="checkbox"/> Queen Anne's			<input type="checkbox"/> St. Mary's			<input type="checkbox"/> Somerset			<input type="checkbox"/> Talbot			<input type="checkbox"/> Washington			<input type="checkbox"/> Wicomico			<input type="checkbox"/> Worcester
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Page 1

Required Documents

Copies of:

- Internet, phone or utility bill
- One proof of income
Acceptable forms listed on application
- Copy of Photo ID

MAT Application, Part 2 | Eligibility

DO YOU (if yes, put a check)

- Have landline telephone service in your home now?
If not, have you applied to get telephone service? Yes No
- Have Internet service in your home now?
If not, have you applied to get Internet service? Yes No

Receive one of the following:

- Social Security (SSA)
 SSI (Supplemental Security Income)
 SSDI (Social Security Disability Insurance)

Please include a copy of your most recent Social Security Administration Award Letter.

OR

- Veterans (VA) benefits
 Temporary Disability Assistance Program (TDAP)
 Temporary Assistance for Needy Families (TANF)
 Pharmacy, medical, or housing assistance

Please include the most recent copy of paperwork as proof of eligibility.

OR

- Live on a limited or fixed income

Please include 2 most recent pay stubs, OR; unemployment pay stubs, OR; last year's income tax forms.

How many members are in your household? _____

ALSO INCLUDE:

- Copy of your telephone bill, Internet bill, or other utility bill
 Copy of your Maryland issued photo ID, driver's license, or identification card

PLEASE DO NOT SEND ORIGINALS (they will not be returned)!

Disability Certification Form (Part 4 and 5)

Who Can Sign on Part 5

- Any licensed health care provider that can attest to the applicant's disability
- Social Worker
- VR Counselor
- PT, OT, audiologist
- SLP, physician, nurse...

MAT Application, Part 5

DISABILITY CERTIFICATION FORM

Applicant: Please complete this part and give the form to your doctor, audiologist, rehabilitation counselor, or speech pathologist.

Applicant's Name _____ Date of Birth: mm/dd/yyyy _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Social Security Number (last 4 digits) _____

I authorize MAT to have access to and use information contained in this Disability Certification Form.

Applicant's Signature _____ Date _____

PROFESSIONAL CERTIFICATION SECTION

Note to Health Care Provider: This form must be filled out by a practicing licensed professional as listed below, acting within the scope of his or her license, or by an authorized representative of a state agency or educational institution approved by Telecommunications Access of Maryland.

I certify that the above named person has impairment(s) marked below and is limited in his/her ability to use a standard phone.

Signature: _____ Date: _____

Printed name: _____

Check one:

Physician Audiologist Rehabilitation Counselor Speech Language Pathologist

Social Worker Psychologist Mental Health Counselor Register Nurse (RN)

Licensed Practical Nurse (LPN) Physical Therapist

Other health care professional (specify) _____

Office Address: _____

City, State, Zip Code: _____

Phone Number: _____ State Lic/Cert # _____

DISABILITY (check all that apply)

Deaf/Deafened – severe to profound hearing loss; cannot benefit from telephone amplification

Hard of Hearing – needs amplification to effectively use a telephone

Hearing loss is: mild moderate severe

Low Vision/Blind – vision with correction is 20/200 or less in the better eye, or the visual field is 10 degrees or less

Deaf/Blind – severe to profound hearing loss and vision with correction of 20/200 or less in the better eye, or the visual field is 10 degrees or less

Speech Difficulty – unable to speak intelligibly, or requires amplification to be heard on the phone

Limited Mobility – upper body lower body both – impaired ability to grip, lift, hold, or dial the telephone, or impaired ability to get the phone when it rings


Cognitively Difficulty – impaired ability to dial a series of numbers, to access (or memorize) a list of phone numbers, or to use the phone to get emergency services

Note to Licensed Health Care Provider

This form can be faxed directly to 410-767-4276. Or scanned and emailed to MAT.Program1@maryland.gov.

Questions? Call Customer Service at 800-552-7724 or 410-767-7253 (Voice/TTY) 410-801-9618 (Video Phone).

Please detach along the perforation, complete top section, and give this form to your doctor, audiologist, rehabilitation counselor or speech pathologist to complete and return directly to MAT.

- 
- mat.program1@maryland.gov
 - Fax – 410-767-4276
 - USPS



What happens next???

- Email or letter of approval is sent
- Evaluator contact information shared
- Assessment is scheduled remotely or in person
- Equipment decision is made
- Equipment received and follow-up services provided as needed



About our Equipment....

- **We are a loan program**
- **Equipment covered for 3 years**
- **What if my needs change**

The Communication Facilitator (CF) Service



Maryland Accessible
Telecommunications
Equipment Distribution Program



Telecommunications Access of Maryland



Maryland Accessible Telecommunications *Equipment Distribution Program*

The Communication Facilitator (CF) service enables individuals who are DeafBlind (DB) to stay connected via a video communication platform and assistance from a Communication Facilitator. The CF service is overseen and monitored by the Maryland Accessible Telecommunications (MAT) program—bringing accessible communication methods and DB awareness to more Marylanders.

How the CF Service Works

The Communication Facilitator (CF) service enables individuals who are DeafBlind (DB) to stay connected via video calls while using a Communication Facilitator. The Communication Facilitator, who is a skilled signer, provides the DB individual with visual information they see on the screen. The CF copies sign language from the caller on the screen and communicates it to the DB individual through close vision, tracking, protactile, or tactile sign language. Calls are supported through any kind of video communication platform, including:

- Videophone (VP)
- Video Relay Services (VRS)
- Facetime (FT)
- Zoom
- Skype
- Google Hangout
- Google Meet
- And more!

How the CF Service Works continued...

Close-Vision: CFs can assist DB individuals with residual vision by being in close contact and within their visual field; CFs slow their signing and reduce their signing space

Tracking: DB individuals with residual vision can put one or both of their hands on the CF's forearm(s) or wrist(s) to interpret sign language within their visual field

Protactile: Everything that is communicated during the conversation is shared with the DB individual by the CF through touch and is practiced on the body

Tactile: A DB individual places their hands over the CF's hands to follow what's being communicated during the conversation through touch and movement

What is a Communication Facilitator?

- A Communication Facilitator copies sign language from a caller as shown on a videophone screen and provides visual information to a person who is DB—usually through close vision or tactile sign language—during calls.
- The CF service also benefits individuals who are DB by allowing them to freely express themselves in their own language and to communicate directly with others.



Application Details

To be eligible to obtain future CF services, you must complete the **Communication Facilitator Service DeafBlind Consumer Application** and be approved by the MAT program. Once approved, you may complete and submit the **Communication Facilitator Service Request Form**. Both applications will be available online soon for users to access and complete. Interested individuals can request an application **in writing, by phone, by email, or after this presentation.**

Individuals who are DB may also apply for telecommunications equipment through the **MAT program** and **iCanConnect (ICC)**.



Application Details continued...

Writing:

Telecommunications Access of Maryland
301 West Preston Street, Suite 1008A
Baltimore, MD 21201

Phone:

410-246-4418 (office) | 443-852-6717 (text only)

Email:

Kevin.Steffy@Maryland.gov or MoreInfo@MDRelay.org

Application Details continued...

PRINT

Application will need to be printed and completed.
Send your completed application in the mail to:

Maryland Accessible Telecommunications of Maryland
301 W Preston St. Suite 1008A
Baltimore, MD 21296-7989

The postage and return address are provided for you.

FAX

Fax your completed application to:

410-767-4276

EMAIL

Submit your completed application
by scanning and emailing it to:

CF-Scheduler@Maryland.gov

Interested in Becoming a CF?

Email us with a **Letter of Recommendation** to be considered for a role as a Communication Facilitator. We accept letters from:

- A person who is DeafBlind
- An educator at Towson University - Deaf Studies or CCBC - Interpreting Training Program (ITP)
- MAT Manager, Kevin Steffy
- Metro Washington Association of the DeafBlind (MWADB) President
- Division of Rehabilitation Services (DORS) DeafBlind Specialist
- Gallaudet University (DOIT) by Steven D. Collins
- A member of the Office of the Deaf and Hard of Hearing (ODHH)

Contact Us



Kevin Steffy

MAT Program Manager

410-246-4418 (VRS)

443-852-6717 (Text)

Kevin.Steffy@maryland.gov



Jane Hager

MAT Program Specialist

410-767-7253 (Voice/TTY)

301-974-1946 (Cell)

Jane.Hager@maryland.gov



Wes Moore

Governor

Aruna Miller

Lt. Governor

Carol Beatty

Secretary

Lisa Belcastro

Deputy Secretary



Maryland