



Division of Services for the Deaf and the Hard of Hearing
North Carolina Department of Health and Human Services
800-851-6099/919-874-2212 V/TTY
919-855-6872 Fax

DSDHH Administrative Office 2301 Mail Service Center Raleigh, NC 27699-2301 www.ncdhhs.gov/dsdhh

Dear Applicant:

Thank you for your interest in the Equipment Distribution Service of the NC Division of Services for the Deaf and the Hard of Hearing.

This is the **WEATHER RADIO** application, providing special equipment that allows Deaf, Hard of Hearing and Deaf-Blind individuals to be warned about **emergencies** such as tornadoes, floods or chemical spills.

Please follow the steps for submitting this application on the next page. Make sure you fill out the application completely and all needed paperwork is included.

If you have any questions about this application, please contact the Regional Center serving your county. A list of the Regional Centers and the counties they serve is included in this packet.

Our Regional Center staff can help you decide which equipment best meets your needs. You are encouraged to make an appointment for demonstration and training.

Once we have received your completed application, it will be about 4-6 weeks before you hear from us.

We look forward to helping you.

Sincerely,

Thomas Kuszaj
Equipment Distribution Coordinator

HOW TO SUBMIT THIS APPLICATION

- Step 1** Complete the attached *DSDHH Equipment Distribution Service Application* form. Please print using blue or black ink only.
- Step 2** Read and understand “Your Responsibilities”. Sign the application.
- Step 3** Please send proof that you are a resident of North Carolina. Send **ONE** of the following:
- a copy of your current drivers license showing your current address
 - OR** a copy of your current North Carolina ID with your current address
 - OR** a copy of your most recent utility bill showing your current address
 - OR** an official letter from your current landlord or residential management company verifying residency
- Step 4** Have a qualified professional (as listed on the form) complete the *Disability Determination Form*
- Step 5** Please make sure that you make and keep a copy of your completed application and attachments for your records. Send original application and supporting documentation as detailed above to the Regional Center (on page 3) serving your county.

Asheville Regional Center

12 Barbetta Drive
Asheville, NC 28806

800-681-7998 (Voice)
800-681-8035 (TTY) 866-285-5121 (Video Phone)

Counties Served: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Mitchell, Polk, Swain, Transylvania and Yancey

Charlotte Regional Center

5501 Executive Ctr. Dr., Ste. 101
Charlotte, NC 28212

800-835-5306 (TTY)
800-835-5302 (Voice/Video Phone)

Counties Served: Anson, Cabarrus, Gaston, Lincoln, Mecklenburg, Montgomery, Richmond, Rowan, Stanly and Union

Greensboro Regional Center

122 North Elm Street, Suite 900
Greensboro, NC 27401

888-467-3413 (Voice/TTY)
866-971-2471 (Video Phone)

Counties Served: Alamance, Davie, Davidson, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry and Yadkin

Morganton Regional Center

517 C West Fleming Drive
Morganton, NC 28655

800-999-8915 (Voice)
800-205-9920 (TTY) 866-492-3392 (Video Phone)

Counties Served: Alexander, Alleghany, Ashe, Avery, Burke, Caldwell, Catawba, Cleveland, Iredell, McDowell, Rutherford, Watauga and Wilkes

Raleigh Regional Center

2301 Mail Service Center
Raleigh, NC 27699-2301

800-851-6099 (Voice/TTY)
866-572-7606 (Video Phone)

Counties Served: Caswell, Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Johnston, Lee, Moore, Nash, Orange, Person, Vance, Wake and Warren

Wilmington Regional Center

3340 Jaeckle Dr.
Randall Bldg. Suite 104
Wilmington, NC 28403

800-205-9915 (Voice)
800-205-9916 (TTY)
866-926-3121 (Video Phone)

Counties Served: Bladen, Brunswick, Carteret, Columbus, Duplin, Jones, New Hanover, Onslow, Pender, Robeson, Sampson and Scotland

Wilson Regional Center

1901 Tarboro Street SW, Suite 300
Wilson, NC 27893

800-999-6828 (Voice)
800-205-9925 (TTY) 866-754-1715 (Video Phone)

Counties Served: Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Lenoir, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrell, Washington, Wayne and Wilson

YOUR RESPONSIBILITIES

As an approved recipient (“approved recipient” and “you” refer to the applicant, parent or legal guardian) of equipment on loan from the Division of Services for the Deaf and the Hard of Hearing (DSDHH), **you agree that:**

1. Equipment you receive is considered to be on loan to you from DSDHH and will always be the property of the State of North Carolina. The loan is for a period of six (6) years.
2. You cannot sell, loan or transfer this equipment.
3. You are responsible for the cost of maintenance and repair of the equipment while it is on loan to you. If the equipment is damaged, destroyed or lost because of negligence and/or abuse, you will be responsible for the cost of a replacement or repair.
4. You need to let DSDHH know if you change your name, address or phone number within 30 days of the change. If you move out of North Carolina, the equipment must be returned to DSDHH. If another person in the household needs the equipment, they must submit an application within ten (10) days.
5. If the equipment is stolen, you must report it to your local police. You will need to give the police report number to DSDHH within thirty (30) days of the theft.
6. In the event of the death of the approved recipient, the executor of the estate or another responsible party must return the equipment to the nearest Regional Center or DSDHH within thirty (30) days. If another eligible person living in the same home wants to keep the equipment, they must file a new application form with DSDHH within thirty (30) days in order to keep the equipment.
7. You must notify DSDHH once an approved minor (under age 18) user turns 18. The equipment will then be transferred from the guardian/parent’s name to the user’s name. The user then assumes responsibilities as outlined in this agreement.
8. Only one Weather Radio per household will be approved based on eligibility.
9. All information provided on this application is accurate to the best of your knowledge.

The DSDHH Staff has explained the agreement to me in ASL (if applicable).

Applicant Signature

Date

Signature of Parent or Guardian (if applicant is under 18)

Date

Authorized Signature (staff who helped
Client with application form, if applicable)

Phone number

Date

DISABILITY DETERMINATION FORM

Applicants **DO NOT FILL OUT THIS FORM**. You must take this form to one of the following professionals for completion:

- Licensed Audiologist **OR**
 - Doctor/Physician **OR**
 - Licensed Hearing Aid Dispense **OR**
 - Speech Language Pathologists **OR**
 - DPI Licensed teacher for the deaf or hard of hearing **OR**
 - State/Federal Agency representative (agency that serves people with disabilities).
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This form certifies the existence of a disability requiring the use of equipment provided by the Division of Services for the Deaf and the Hard of Hearing (DSDHH). To be eligible for the certification, the applicant must have one of the following disabilities as defined below.

Is the applicant:

- Deaf** - an individual who is unable to hear and understand oral communication, with or without the assistance of amplification devices to hear oral communication.
- Hard of Hearing** - an individual who has a permanent hearing loss, that is severe enough to necessitate the use of amplification devices to hear oral communication.
- Deaf/Vision Impaired** - a Deaf individual as defined above who is also certified with vision impairments or legally blind.
- HOH/Vision Impaired** - a Hard of Hearing individual as defined above who is also certified with vision impairments or legally blind.
- Speech Impaired** - an individual who has a permanent loss of oral communication ability, which prohibits normal usage of a standard telephone handset.

If you have any questions, please call the Regional Center serving your county.

Name of Certifier (print clearly) _____

Title _____ State License Number _____

Certifier's Address _____ Telephone Number _____

City, State, Zip Code _____

Name of applicant (print clearly) _____

I certify that the above named individual meets the certification requirements of being Deaf, Hard of Hearing, Deaf/Vision Impaired, Hard of Hearing/Vision Impaired, or Speech Impaired as stated above.

Certifier's signature _____ Date _____