

TECHNOLOGY ASSISTANCE PROGRAM (TAP)

The Virginia Department for the Deaf and Hard of Hearing (VDDHH) offers specialized telecommunication equipment and assistive technology devices to qualified applicants as a solution to their communication needs through the Technology Assistance Program (TAP). To qualify for TAP you must be a resident of the Commonwealth of Virginia, meet income eligibility requirements (for equipment at no cost) and fall into one of the following categories:

- Deaf
- Hard of Hearing
- Person with difficulty speaking
- Have both a hearing and vision loss
- Veteran with hearing loss and an Honorable Discharge (Documentation of Veteran status required)
- Surviving spouse/child with a hearing loss of a Veteran killed in active duty (Documentation of Veteran status required)
- National Guard member with a hearing loss (Leave Earning Statement required)

Equipment available through TAP includes but is not limited to:

- Amplified telephones
- Alerting Devices & Accessories
- Assistive listening devices
- Captioned telephones
- Cell phone accessories
- Special requests

TAP APPLICATION PROCESS

1. Application	Complete TAP Application and gather required documentation: Proof of VA state residency AND income verification (income verification NOT required for Veterans, their surviving spouse/children or National Guard members).
2. Intake & Eligibility	Submit documentation: MAIL - 1602 Rolling Hills Drive, Suite 203 Henrico, VA 23229, EMAIL - TAP@vddhh.virginia.gov , or FAX - 804-662-9718. After your application is processed, your D/HH Specialist will schedule an appointment to discuss your specific needs, review available equipment, as well as outline next steps.
3. Equipment Distribution	During your appointment, you and your Specialist will test available equipment to determine which device(s) best meet your needs. Device(s) will be assigned to you for a 30-day trial period. Within 30 days, Specialist will follow up with you to ensure the equipment is a good fit.

1. Application

TAP applications are available to any resident in the Commonwealth of Virginia. All applicants must submit a complete and signed application. In addition to your TAP application, you will need to include one document from each column below proof of residency as well as family gross income are required. While there are no age restrictions for participation in TAP, all applications from minors must be cosigned by a parent or legal guardian.

'Family gross income' is defined as the income, total cash receipts before taxes from all sources for the applicant, their dependents, and any person legally required to support the applicant, including a spouse.

Proof of Residency	Family Gross income
Current Lease or Deed	Most recent bank statement or W2
Current Virginia Driver's license, Virginia issued ID or Voter Registration card	Current income/benefits award letter (SSI,SSDI,SSA, SNAP)
Utility bill	Any other form of proof approved by VDDHH

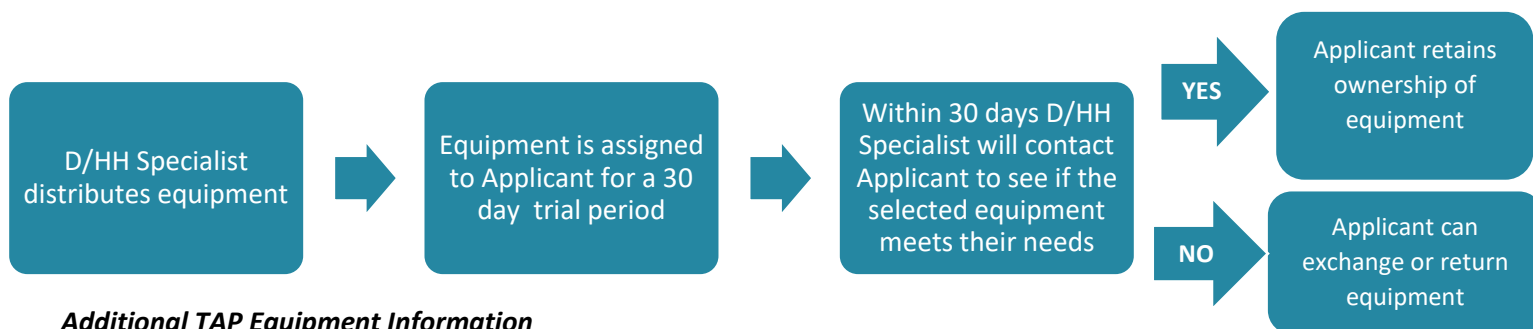
**If you do not qualify for equipment at no cost, it can be purchased at the state contracted cost with a Pay Coupon.
Your Regional Specialist can provide additional information about this option.**

2. Intake & Eligibility

Specialist will contact you to discuss your specific needs, review available TAP equipment and help you to identify which device best fits your communication needs. Each Regional TAP office is equipped with a display that shows all available equipment. Your Specialist will schedule an appointment with you to test and distribute selected equipment.

3. Equipment Distribution

Equipment will be assigned to qualified individuals for a 30-day trial period. This gives you up to 30 days to determine if the selected device meet your communication needs. During the 30-day period, if it is determined that the equipment does **not** meet your needs, you have the option to return or exchange the equipment. At the end of the 30-day period, if you feel that the equipment meets your needs, you retain ownership of the equipment.



Additional TAP Equipment Information

- Applicants can reapply for new equipment every 4 years.
- All equipment received through TAP carries a minimum one (1) year warranty. Some devices have longer warranties (*Specialist can provide more details*).
- Exchange of equipment prior to the 4-year renewal period may be permitted (*additional documentation required*) in cases where the original equipment can no longer be used by a recipient due to deteriorating vision or hearing or when a new device has become available through TAP and is deemed more appropriate to the applicant's disability than a device previously issued to the Applicant.

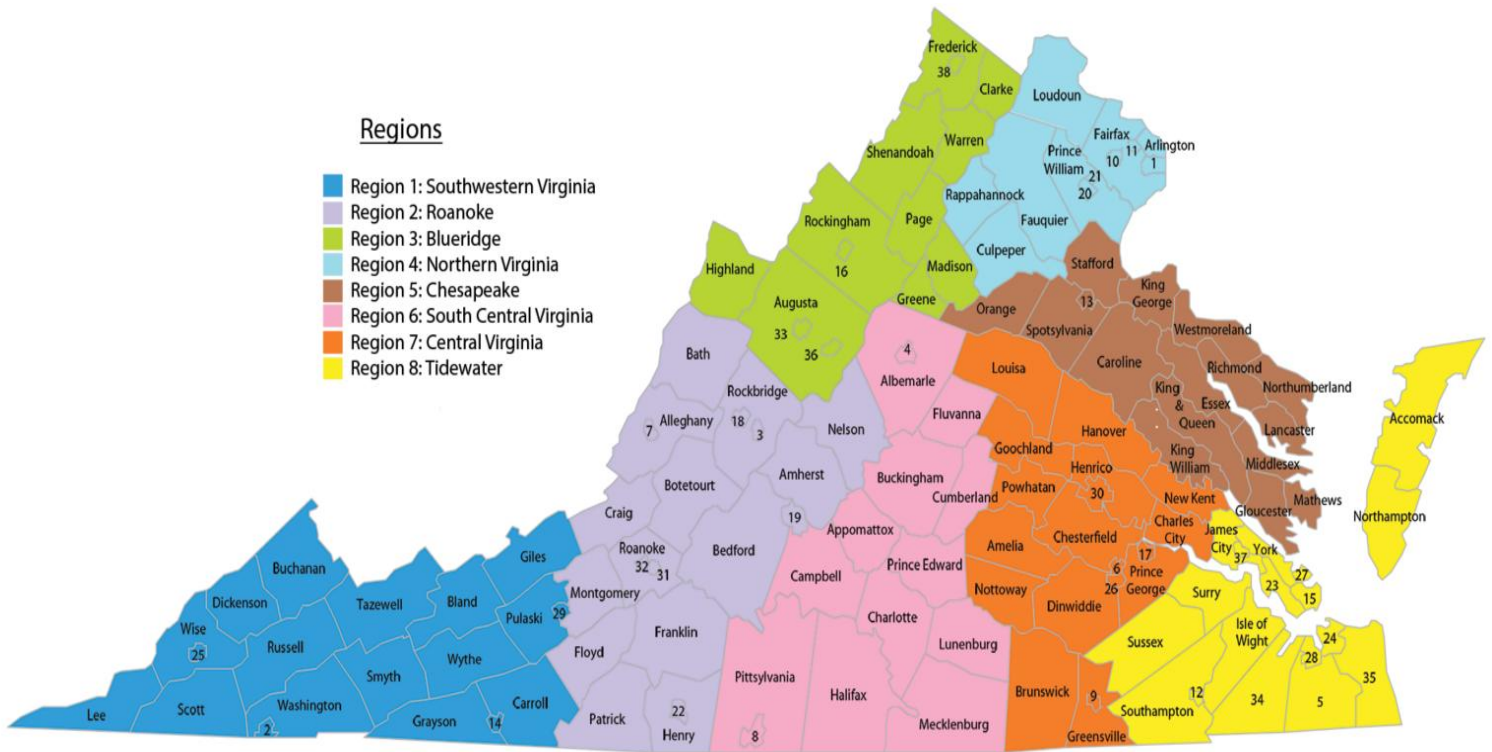
2026 TAP INCOME ELIGIBILITY GUIDELINES

To be eligible for the TAP program, your family income must be below 250% of the Federal Poverty Guidelines, as shown in the following table:

Number of persons in family	Annual Income	Monthly Income
1	\$ 39,900.00	\$ 3,325.00
2	\$ 54,100.00	\$ 4,508.33
3	\$ 68,300.00	\$ 5,691.67
4	\$ 82,500.00	\$ 6,875.00
5	\$ 96,700.00	\$ 8,058.33
6	\$ 110,900.00	\$ 9,241.67
7	\$ 125,100.00	\$ 10,425.00
8	\$ 139,300.00	\$ 11,608.33

For families with more than 8 people, add \$1,183.33 for each additional person to determine monthly limit

MAP OF TAP REGIONS



TAP CONTACT LIST

Region	Service Provider	Phone Number	Email Address
Region 1, 3, 5 & 7	Virginia Department for the Deaf and Hard of Hearing (VDDHH)	(804) 662-9502	tap@vddhh.virginia.gov
Region 2 & 6	Deaf and Hard of Hearing Service Center (DHHSC)	(540) 613-8608	dhhscinc@gmail.com
Region 4	Northern Virginia Resource Center for Deaf and Hard of Hearing (NVRC)	(703) 352-9055	execdirector@nvrc.org
Region 8	Endependence Center, Inc. (ECI)	(757) 351-1584	mhollowell@endependence.org

TECHNOLOGY ASSISTANCE PROGRAM (TAP) APPLICATION

APPLICANT INFORMATION							
Last Name:		First Name:		Middle Initial:		Birth date:	
Application Type:		Application Date:		Veteran Status:			
Home Address:							
City:		County:		State:	VA	Zip:	
Email Address:							
Phone Numbers:	Primary ☐ VP ☐ Voice ☐ TTY		Secondary ☐ VP ☐ Voice ☐ TTY		Other Contact Name/Number		

PROOF OF RESIDENCY			
(Please attach a CURRENT copy of <u>one</u> of the following documents)			
☐ Deed or Lease	☐ VA Driver's License or DMV ID	☐ Voter's Registration Card	☐ Utility bill

INCOME ELIGIBILITY			
(NOT required for Veterans or Applicants using Pay Coupon)			
☐ Pay Coupon Applicant (<i>income information <u>not</u> required</i>)			
Family Gross Income: (All sources before taxes) ☐ Annual ☐ Monthly	\$	Total Family Size: (Including yourself)	
Documentation Provided: ☐ Bank statement/W2	☐ Income Award letter	☐ Other- Specify below (VDDHH approval required)	

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE	
I understand and agree that:	
1. All information provided above is accurate.	5. VDDHH is not responsible for my telephone or internet bill.
2. Providing false information may result in denial of my TAP application and any equipment issued must be returned.	6. I accept responsibility for the equipment, including repairs and maintenance costs.
3. If I move before I receive my equipment, I will inform VDDHH of my new address.	7. All equipment issued has a minimum one (1) year warranty. Some devices have longer warranties (Specialist can provide more details).
4. My personal information may be shared with D/HH Specialists for equipment delivery.	8. If I do not qualify for equipment at no cost, I have the option of paying the state contracted cost for equipment.
SIGNATURE OF APPLICANT (parent/guardian if applicant is < 18 years of age)	DATE
Relationship to Applicant (if applicable):	

APPLICANT TAP EQUIPMENT SELECTION

(To be completed by Certifier)

Alerting device:		CAPTIONED TELEPHONE:	
Alerting device accessory:		CELL PHONE ACCESSORY:	
Amplified telephone:		OTHER:	
Assistive listening device:		TTY:	

CERTIFICATION OF TAP ELIGIBILITY

(To be completed by Certifier)

I certify that this TAP Applicant is:	☐ Deaf	☐ Deaf-Blind	☐ Hard of Hearing		
	☐ Other (<i>Specify</i>)		☐ Person w/ difficulty speaking		
In accordance with TAP Regulations, I am eligible to certify this application as a/an:	☐ D/HH Specialist	☐ Audiologist	☐ Doctor	☐ Speech Language Pathologist	☐ DBVI Specialist
	☐ Hearing Aid Specialist	☐ DARS Counselor	☐ Other (<i>Specify</i>)		
Certifier's Name:			Certifier's Title:		
State License #: (if applicable)			Agency:		
Address:					
Phone Number:					
SIGNATURE OF CERTIFIER			DATE		