



Douglas A. Ducey
Governor

Timothy Jeffries
Director

TELEPHONE ASSISTANCE PROGRAM CLIENT INSTRUCTION SHEET

- Attached is the Telephone Assistant Program (TAP) Checksheet
(THIS FORM IS NOT AN APPLICATION)
- Have your doctor complete the “Doctor’s Office Only” and “Confirmation of Medical Need” sections
- Call _____ to set up an appointment with your local Family Service Center or Community Action Program (CAP) to have an application completed for Telephone Assistance Program and get a list of items that you need to bring with you to the appointment
- At the time of your appointment:
Have your Telephone Assistance Program (TAP) Checksheet with the Confirmation of Medical Need section completed by your doctor and all other materials listed by your case worker ready.
- Your caseworker will complete the “Family Service Center or CAP Use Only” section of the Telephone Assistant Program (TAP) Checksheet.
- After you have completed the above instructions, your application will be sent to the Department of Economic Security, Division of Aging and Adult Services (DES – AAA) for processing. You will be notified of your eligibility by mail.
- Processing takes 30 to 45 days from the application date.

If you need further assistance or more information, please call
602-542-4446 or Toll Free 1-800-582-5706

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Aging and Adult Services

TELEPHONE ASSISTANCE PROGRAM (TAP) CHECKSHEET

The Department of Economic Security, Corporation Commission and Century Link are jointly administering a telephone assistance program in the state of Arizona. The program provides assistance for low-income persons with a medical need. The application process is being conducted jointly by the Department of Economic Security and local volunteer agencies. The program provides for the monthly basic rate, and assistance with installation costs if needed. We are asking for your assistance in the determination of medical need in order for the household to qualify for this benefit.

DOCTOR'S OFFICE USE ONLY
CONFIRMATION OF MEDICAL NEED

PATIENT'S NAME	PHONE NO.
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PATIENT'S ADDRESS (No., Street, Apt. No, City, State Zip Code)

The patient has a medical condition that would require a telephone in the household. The medical condition will require the availability of a telephone for approximately:

- Up to one year
 Two years or less
 Three years

DOCTOR'S NAME	PHONE NO.
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DOCTOR'S ADDRESS (No., Street, Suite No., City, State, Zip Code)

DOCTOR'S SIGNATURE	DATE
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AGENCY USE ONLY
FAMILY SERVICE CENTER OR COMMUNITY ACTION PROGRAM (CAP)

YES NO

- The home is wired for telephone service
 Has the household had land-line telephone service in the past 90 days?
 The doctor's signed statement indicates applicant's medical need.
 The doctor's signed statement indicates applicant's medical crisis

The medical need will last (check appropriate box):

- Up to one year
 Two years or less
 Three years

YES NO

- Is the caseworker providing certification for TAP? (Worker certification is only valid for 1 year)

WORKER'S SIGNATURE	DATE
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If you have any questions regarding this form, please call the TAP office
at 542-4446 or 1-800-582-5706.
THIS FORM IS ONLY VALID FOR 60 DAYS AFTER THE DOCTOR'S SIGNATURE DATE.
PLEASE, DO NOT MAIL THIS FORM. SEE INSTRUCTIONS ON REVERSE SIDE.