



www.hawaiicaptel.com

CapTel[®]

The Captioned Telephone
provided by Hawaii CapTel





Communicating with the CapTel Telephone



What is CapTel?

Take the guessing out of phone conversations.

CapTel works like any other telephone with the added benefit of a screen which displays every word the caller says throughout the conversation in an easy-to-read display window. So now, anyone with hearing loss can enjoy natural telephone conversation with extraordinary clarity – and without having to guess what is being said.

How does CapTel work?

Simply place a call like you would with a traditional phone. To receive captions of your call on the display screen, press the captions button on the bottom right of the phone. The CapTel phone will simultaneously connect you to your caller and a specially trained operator who uses the latest in voice recognition technology to transcribe everything the other party says into text. The conversation appears on the bright display screen for you to read!

CapTel also includes a built-in answering machine with captions, volume control (up to 40dB gain) for captioned calls, and tone control buttons for added clarity. If you have questions or need support press the blue button on the phone to reach CapTel Customer Service, 24 hours a day, 7 days a week.

Who benefits from CapTel?

- Anyone with some degree of hearing loss, who is finding it more difficult to understand telephone conversations.
- People using hearing aids or assistive listening devices.
- People who are deaf or hard of hearing and speak for themselves.

Can I get CapTel?

To be eligible for equipment through this program, you must:

- be a Hawai'i State resident.
- submit certification of a doctor's certificate or an audiologist's report if you are deaf or hard of hearing.
- be responsible to maintain your landline service.

Do I pay for the CapTel service?

No extra cost for captioning services. User is responsible for any local or long distance charges.



Hawaii CapTel Application Form

Send this application form to:
Relay Hawaii Equipment Program
P.O. Box 240267, Honolulu, HI 96824
Fax: 1-866-410-4256
Email: relayhawaii@t-mobile.com

Full Name: _____

Last Name First Name Middle Initial

Shipping Address: _____

(cannot ship to a P.O. Box)

Street Name Apt. #

City State Zip Code

Phone Number: _____

Home Work Fax

Email: _____

Age of Onset Hearing Loss: _____ **Date of Birth:** ___ / ___ / _____

State ID or Driver's License #: _____

State Issued: _____ **Expiration Date** ___ / ___ / _____

Occupation: _____

Title Place of Work

Organizations involved in: _____

How did you find out about the CapTel Service? _____

Please specify

To be eligible for equipment through this program, you **must** provide a copy of doctor's or audiologist's report indicating your hearing loss.

1. Have you enclosed a doctor's certificate or audiologist's report? Yes No
2. I understand that Relay Hawaii or its agents are not liable for damages caused by the use of the equipment, or the possession of this equipment. Yes No
3. I understand that upon disconnection of telephone service, the equipment must be returned within seven days. Yes No
4. I understand that I am liable for the loss, neglect or theft of the equipment. Yes No
5. I understand that I am responsible for my own landline service. Yes No
6. I understand that I am responsible for notifying the Customer Relations Manager of any changes to my contact information. Yes No

please continue to next page



Hawaii CapTel Application Form

(cont. from previous page)

- 7.** Degree of Hearing Loss: (without the use of a hearing aid or other device)
 Mild Severe Severe/Profound Profound
- 8.** Technology Used:
 Hearing Aid(s) Cochlear Implant Other _____
- 9.** How are you currently communicating with hearing individuals on the telephone? (check all that apply)
 Amplified telephone Voice Carry Over (VCO) via Relay Hawaii
 TTY via Relay Hawaii Two-line VCO via Relay Hawaii
 None of above
- 10.** Where will you use the CapTel 840 phone?
 at home at work (require an analog line or analog port)
- 11.** Do you have a phone line?
 Yes No If yes, Analog Digital I don't know
- 12.** Would you like to have a free CapTel training session or phone installment and training?
 Yes, please (by appointment) No, thank you

I'd like to start using CapTel now. Please review my application.

Applicant's Signature

Date

Parent or Guardian's Signature (if under 18 years of age)**

Date

Please complete & return this form to:

Relay Hawaii Equipment Program
P.O. Box 240267
Honolulu, HI 96824
Fax: 866-410-4256
Email: relayhawaii@t-mobile.com

For more information, contact:

LisaAnn Tom
Customer Relations Manager
Voice: 800-357-5168
Fax: 866-410-4256
Email: relayhawaii@t-mobile.com
Website: www.hawaiicaptel.com

** If applicant is under 18 years of age, signature from a parent or guardian is required.