Heroes With Hearing Loss® Program

Hamilton[®] CapTel[®] 840i

Hamilton[®] CapTel[®] 2400i



Talk about making the right choice

- I prefer traditional buttons when navigating on-screen menus
- I like the size and feel of a traditional phone
- The Hamilton[®] CapTel[®] 840i is right for me!

- I prefer touch-screen navigation for on-screen menus
- I like the size and feel of a contemporary phone
- The Hamilton[®] CapTel[®] 2400i is right for me!

Thanks to the Heroes With Hearing Loss[®] program, you're just a few steps away from amazingly clear phone conversations.

Designed to supplement existing hearing loss solutions, the Hamilton[®] CapTel[®] phone is the most advanced captioned telephone available, making it possible to listen and read word-for-word captions of everything said to you on the phone – similar to captions on television. The result is clarity and confidence on every call.

Through the Heroes With Hearing Loss program, you're eligible to receive a Hamilton CapTel captioned telephone at no cost.*

Simply choose the Hamilton CapTel phone that's right for you (see above), complete the Certificate of Hearing Loss/Order Form with a qualified Independent Third-Party Professional (see reverse), and follow the instructions for submission. We'll even cover the shipping costs!

*Independent third-party professional certification required. Provided by Hamilton® CapTel®. The Hamilton CapTel phone requires telephone service and high-speed Internet access. Wi-Fi capable.



Internet Protocol Captioned Telephone Service (IP CTS) is regulated and funded by the Federal Communications Commission (FCC) and is designed exclusively for individuals with hearing loss. To learn more, visit fcc.gov.

HeroesWithHearingLoss.org

Certificate of Hearing Loss/Order Form (HWHL1014)

To receive your Hamilton[®] CapTel[®] phone at no cost^{*}, please provide the requested information below.

VETERAN INFORMATION: (Please Print)

Yes, I have high-speed Internet and telephone service where the phone will be used. (Required for use of the Hamilton CapTel phone.)
 Please select your Hamilton CapTel phone: CapTel 840i
 CapTel 2400i

No, I do not have high-speed Internet. Please contact me about other options. (Charges may apply depending on solution.)

Veteran's First Name*		Middle Initial	Last Name*		
Address*		City*		State*	Zip*
Telephone Number*	E-mail* (Only to be used for order confir	mation)	Branch of Ser	vice	Dates of Service

VETERAN CERTIFICATION:

I understand that Internet Protocol Captioned Telephone Service (IP CTS) is regulated and funded by the Federal Communications Commission (FCC) and in order to obtain a Hamilton CapTel phone at no cost, I must provide valid certification that I have a hearing loss necessitating the use of captioned telephone service. Hamilton CapTel is not responsible for charges incurred in obtaining certification. I also understand that I may be required to provide the last four digits of my social security number and date of birth upon registering my Hamilton CapTel phone.

Date*

Veteran's Signature*

INDEPENDENT THIRD-PARTY PROFESSIONAL INFORMATION: (Please Print)

Business/Agency*			
Address*	City*	State*	Zip*
Telephone Number*	E-mail*		
INDEPENDENT THIRD-PARTY PROFES I certify, under penalty of perjury, that: 1) this applicant has he that the service is provided by a live communications assistant direct or indirect incentive (financial or otherwise) tied to this a TRS provider or its affiliates; and 4) I don't have a business (o affiliates; and 5) no joint marketing arrangement exists betwee opportunity to make, a profit on the sale of IP CTS equipment	aring loss that necessitates the use of and is funded through a federal progra consumer's decision to use the service ther than providing this form), family o en myself/my organization and Hamilto	Captioned Telephone Ser am; and 3) I have not bee and I have not been refe or social relationship with	en offered or provided any erred to the applicant by h the TRS provider or its
Please check only one* Physician Audiologist	Hearing Related Professional	Government/Vetera	ns Program
Name*	Title*		
Signature*	Date*		
Applicant authorizes the above named professional to transmit this ce *Required fields. In order to process your request, all fields must be co		rein to Hamilton CapTel.	
 Please submit the signed certification via one of the follow SCAN & EMAIL: Order@HeroesWithHearingLoss.org FAX: 877-300-6686 (To verify fax delivery: call 877-455-4227 MAIL: Heroes With Hearing Loss, c/o Hamilton CapTel 1006 12th Street • Aurora, NE 68818 Before your Hamilton CapTel phone ships, you will be contacted to verify Please allow 1-3 weeks for delivery. Your phone will be shipped by Weitb If you have any questions, please contact Customer Care at 877-455-4227 	or email Order@HeroesWithHearing delivery information. recht Communications Inc.	gLoss.org)	HEROES WITH HEARING LOSS