

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 and/or Internet 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
420 Waiakamilo Road, Suite 405, Honolulu, HI 96817
Fax: 1-866-410-4256
Email: relayhawaii@sprint.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: _____

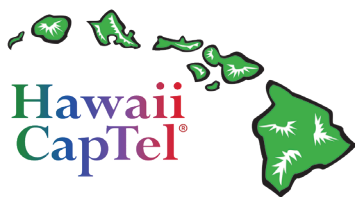
How did you find out about the CapTel Service? _____

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 Sprint 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 (and Internet if applicable). 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 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. Do you have high-speed Internet service in your home? Yes No
13. If **yes**, which phone model are you interested in? (See a flyer of CapTel models)
CapTel _____ (fill in a model number)
14. 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
420 Waiakamilo Road, Suite 405
Honolulu, HI 96817
Fax: 1-866-410-4256
Voicemail: 1-808-847-9032
Email: relayhawaii@sprint.com

For more information, contact:

LisaAnn Tom, Customer Relations Manager
TTY: 1-866-835-8169
Voice: 1-800-357-5168
Voice: 1-877-805-5845
Fax: 1-866-410-4256
Email: relayhawaii@sprint.com
Website: www.hawaiicaptel.com

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

CapTel phone and services are provided at no cost to qualified applicants living in Hawai'i. CapTel service is part of the Telecommunications Relay Service provided by Sprint in cooperation with the Hawaii Public Utilities Commission (PUC). FEDERAL LAW PROHIBITS ANYONE BUT REGISTERED USERS WITH HEARING LOSS FROM USING INTERNET PROTOCOL (IP) CAPTIONED TELEPHONES WITH THE CAPTIONS TURNED ON. IP Captioned Telephone Service may use a live operator. The operator generates captions of what the other party to the call says. These captions are then sent to your phone. There is a cost for each minute of captions generated, paid from a federally administered fund. No cost is passed on to the CapTel user for using the service. CapTel is a registered trademark of Ultratec, Inc.

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