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.

Right now, 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 next page) and follow the instructions for submission. We'll even cover the shipping costs!



* Independent third-party professional certification required.

The Hamilton CapTel 840i and 2400i require telephone service and high-speed Internet access. WiFi 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 www.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 PROFESS I certify, under penalty of perjury, that: 1) this applicant has heat that the service is provided by a live communications assistant a direct or indirect incentive (financial or otherwise) tied to this co a TRS provider or its affiliates; and 4) I don't have a business (ot affiliates; and 5) no joint marketing arrangement exists between opportunity to make, a profit on the sale of IP CTS equipment to	ring loss that necessitates the use of and is funded through a federal prog onsumer's decision to use the servic her than providing this form), family n myself/my organization and Hamilt	Captioned Telephone Se ram; and 3) I have not be e and I have not been ref or social relationship wit	een offered or provided any ferred to the applicant by th the TRS provider or its		
Please check only one* Physician Audiologist	Hearing Related Professional	Government/Vetera	ans Program		
Name*	Title*				
Signature*	Date*				
Applicant authorizes the above named professional to transmit this cert *Required fields. In order to process your request, all fields must be com		erein to Hamilton CapTel.			
Please submit the signed certification via one of the following Scan Form & E-mail to: Order@HeroesWithHearingLoss.org	-				
Fax Form to: 877-300-6686 (Please verify fax delivery: Call 877-455-4227 or					
Mail Form to: Heroes With Hearing Loss, c/o Hamilton CapT	el		HEDOES		
1006 12th Street • Aurora, NE 68818			WITH HEARING LOSS		
Before your Hamilton CapTel phone ships, you will be contacted to verify d Please allow 1-3 weeks for delivery. Your phone will be shipped by Weitbre If you have any questions, please contact Customer Care at 877-455-4227.	echt Communications Inc.				