



What is the California Connect’s role in distributing Speech Generating Devices (SGDs)?

The California Public Utilities Commission (CPUC), as part of California Connect (formerly known as the Deaf and Disabled Telecommunications Program, DDTP), provides SGDs as the provider of last resort for California residents needing Speech Generating Devices (SGD) pursuant to California Public Utilities Code Section 2881. The SGDs covered by this application are those identified as durable medical equipment by the United States Department of Health and Human Services. Applicants for this funding need to have been evaluated by a speech language pathologist.

How much financial assistance will the California Connect (CAC) provide?

As the provider of last resort, the CPUC’s California Connect (CAC) will provide funding, in part or in whole, for the purchase of an SGD and its associated accessories, mounting system, and applicable telecommunications component. The DDTP will fund those SGD expenses that are not otherwise covered by public (e.g., Medicare, Medicaid, and Medi-Cal) or private insurance. For example, if an applicant’s only available source of funding is Medicare, and Medicare only covers 80% of the cost for an SGD and its accessories, mounting system, and applicable telecommunications component, the SGD applicant may apply to the CPUC’s CAC for funding of the remaining 20%.

What does this SGD application package contain?

This is an application package for funding from the CAC to purchase an SGD and its associated accessories, mounting system and applicable telecommunications component. This application package contains:

	Description	Action
1.	Application Package Instructions—pages 1 and 2	Applicant keeps.
2.	“Authorization for Release of Information” form (2 copies): This form authorizes the CPUC to access the SGD applicant’s personal medical information.	Applicant signs and submits one copy to the CPUC, and one copy to the SGD provider/manufacturer.
3.	“Applicant Responsibility Letter.” Outlines the applicant’s responsibilities for ownership and maintenance of the SGD, accessories, mounting system, & telecommunications component.	Applicant signs and submits to the SGD provider/manufacturer or retains a copy of this & other documents for their records.
4.	Application Form: Sections 1, 2, 3, and 4.	Applicant completes.
5.	Application Form: Sections 5 and 6.	SGD Provider/Manufacturer provides to the CPUC at the request of the Applicant
6.	“Letter of Attestation.” Outlines that CAC will fund those SGD expenses that are not otherwise covered by public (e.g., Medicare, Medicaid, and Medi-Cal) or private insurance. Complete only if you do not have public or private insurance.	Applicant signs and the SGD provider/manufacturer & retains a copy of this & other documents for their records.

Who may apply and benefit from this program?

California residents requiring an SGD for access to and use of the telephone network.

What does an SGD applicant need to do before applying for funding from this program?

- To-Do Task 1: Review the approved SGD Provider/Manufacturer list and contact your preferred provider to start the application process.
- To-Do Task 2: Seek and receive a completed, written evaluation report from a speech language pathologist (SLP) demonstrating the need for an SGD for access to and use of the telephone network.
- To-Do Task 3: Determine the amount of funds to be received from other public and private sources aside from the CAC.
- To-Do Task 4: Identify unfunded amount being requested from the CAC.

What does an SGD applicant need to do as part of applying for funding from this program?

- To-Do Task 1: Complete sections 1, 2, 3, and 4.
- To-Do Task 2: Seek and receive the SLP's signature as part of completion of Section 3.
- To-Do Task 3: Ensure that Section 4 is complete and signed by the applicant or family contact/legal guardian identifying the amount of funds requested from the CAC.
- To-Do Task 4: Ensure your preferred SGD Provider/Manufacturer submits the application in its entirety, including Applicant Responsibility Letter, Authorization for Release of Information, SLP evaluation, detailed quote, primary insurance approval or denial, or letter of attestation.
- To-Do Task 5: Request SGD-Provider to check e-mail for the Acknowledgement Letter from the CPUC. Applications take up to 30 days to process from submission.
- To-Do Task 6: After approval, coordinate delivery of SGD with SLP, SGD provider, or others as necessary for set-up of SGD, and associated accessories, mounting system, and applicable telecommunications component.

How can an SGD applicant submit their application and the required supplemental documentation?

The primary way is to have your preferred and approved SGD Provider/Manufacturer submit the application on your behalf. You can review the approved list on the [SGD website](#). If you have questions or concerns about submitting your application, please email cac-sgd-application@cpuc.ca.gov.

Will my information be kept confidential?

As indicated in the enclosed "Authorization for Release of Information" form, the CPUC will handle all information that it receives confidentially in compliance with all applicable federal and state laws.

Who do I contact if I have questions?

For any questions concerning your application, please send an email to:

cac-sgd-application@cpuc.ca.gov. For copies of this application package and instructions, please visit [CPUC's Speech Generating Device program](#).

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize any holder of the following information to release the information to the California Public Utilities Commission (CPUC) or its agents for the purpose of the CPUC evaluating my funding request for a Speech Generating Device (SGD), including the SGD device, associated accessories, mounting system, and telecommunications components.

- A. Medical records, information and any other health information;
- B. Medical insurance coverage and benefits, private or public, including MediCare, and any other medical insurance - related information; and
- C. Any and all information retained by SGD provider.

I certify that the information provided herein is accurate, true, and complete to the best of my knowledge. I understand that this authorization will remain in effect until revoked by me in writing. I understand that the CPUC will handle all information that it receives confidentially in compliance with all applicable federal and state laws.

PRINTED NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT OR FAMILY CONTACT/LEGAL GUARDIAN

If Parent or Legal Guardian, please complete below.

PRINTED NAME OF FAMILY CONTACT/LEGAL GUARDIAN

RELATIONSHIP TO APPLICANT

ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

California Public Utilities Commission
Deaf and Disabled Telecommunications Program
Speech Generating Devices

APPLICANT RESPONSIBILITY LETTER

The Speech Generating Device (SGD), which includes the device, associated accessories, mounting system, and telecommunications component, you are applying for will have been either partially or fully funded by the California Public Utilities Commission's (CPUC) Deaf and Disabled Telecommunications Program (DDTP). If your application for funding has been approved, the SGD you will receive will be your property. As the owner of the SGD, any maintenance or repair associated with the SGD will be the responsibility of the applicant.

I understand my responsibilities as the owner of the SGD, which includes the device, associated accessories, mounting system, and telecommunications component.

PRINTED NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT OR FAMILY CONTACT/LEGAL GUARDIAN

Sections 1 and 2: To be completed and signed by the applicant or family contact/legal guardian.

SECTION 1: THE APPLICANT		
This is the person who will be receiving the equipment or services.		
First Name:	Middle:	Last:
Primary Place of Residence, Street Address:		
City:	State:	Zip Code:
Last four (4) digits of Social Security Number (SSN):		
E-mail Address:		Home Phone:

SECTION 2: FAMILY CONTACT/LEGAL GUARDIAN		
The legal guardian or family contact is the person who is the emergency contact or who is assisting the applicant.		
First Name:	Middle:	Last:
Relationship to the Applicant/Client:		
☐ Spouse	☐ Parent	☐ Legal Guardian
☐ Child	☐ Other (please specify below):	☐ Power of Attorney (Check all that apply)
Street Address:		
City:	State:	Zip Code:
E-mail Address:		Phone:

Section 3: To be completed and signed by the Speech Language Pathologist (SLP).

SECTION 3: THE SPEECH LANGUAGE PATHOLOGIST		
The SLP is the clinician who performed the evaluation of the applicant and provided the written report.		
SLP First Name:	SLP Last Name:	SLP Phone:
Facility/Practice Name:		SLP Alternate Phone:
Business Street Address:		
City:	State:	Zip Code:
E-mail Address:		SLP License #
I have completed an assessment/evaluation and am recommending an SGD for the person identified below. Based on my evaluation, this SGD meets his/her needs for access to, and use of, the telephone network.		
Print Full Name of Applicant/Client		
X _____ Signature of SLP		Date: _____

Section 4: To be completed and signed by the applicant or family contact/legal guardian.

SECTION 4: ADDITIONAL APPLICANT INFORMATION To be completed and/or provided by the applicant or family contact/legal guardian	
In addition to returning this application signed by the applicant or family contact/legal guardian, and signed by the Speech Language Pathologist, the applicant or family contact/legal guardian is to sign and return the attached CPUC Release Form. The applicant understands that he/she is the intended recipient and owner of the SGD (device, accessories, mounting system, and applicable telecommunications component) for which funding from the CAC is being requested. The applicant and/or family contact/legal guardian has identified any applicable public or private insurance and understands that the CAC is the provider of last resort.	
Based on an estimate of funding available, I, the applicant, _____ am requesting \$ _____ funds from the California Public Utilities Commission's Deaf and Disabled Telecommunications Program. I certify that the information provided herein regarding funding is complete and accurate.	
Sections 5 through 6 contain additional information and supplemental documentation required to support the applicant's SGD application. This information must be provided to the CPUC by the SGD provider at the request of the applicant or family contact/legal guardian unless the applicant or family contact/legal guardian provides directly.	
X _____ Signature of Applicant/Family Contact/Legal Guardian	Date: _____

Sections 5 and 6: To be completed and signed by the SGD Provider Contact Person.

SECTION 5: THE SGD PROVIDER/MANUFACTURER To be completed and/or provided to the CPUC by the SGD Provider/Manufacturer at the request of the SGD applicant unless the SGD applicant or family contact/legal guardian provides directly.		
SGD Provider/Manufacturer Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:		
SGD Provider/Manufacturer Contact Person Name and Job Title:		
E-mail Address:	Phone Number:	

Section 6: LIST OF REQUIRED COPIES OF SUPPLEMENTAL DOCUMENTATION To be completed and/or provided to the CPUC by the SGD Provider/Manufacturer at the request of the SGD applicant unless the SGD applicant or family contact/legal guardian provides directly.	
The following items are required and must be provided by the SGD manufacturer if the applicant/client is unable to provide. Apply a check mark to the boxes below to confirm that these required documents are included with this application or otherwise provided to the CPUC under separate cover. Any missing or incomplete items may result in a delay in the processing of this application or rejection.	
☐	Authorization for Release of Information
☐	Applicant Responsibility Letter
☐	Completed SLP Evaluation Report
☐	Detailed Quote, including make, model, and price of equipment, including the SGD device, accessories, mounting system, and telecommunications component.
☐	Primary or other Insurance Approval Letter for partial payment (where applicable)
☐	Primary or other Insurance Letter denying services (where applicable)
☐	Letter of Attestation (where applicable)
I certify that the information provided in Sections 5 through 6 above is accurate, true, and complete to the best of my knowledge.	
X	Date: _____ Signature of Authorized SGD Provider/Manufacturer or Applicant, Family Contact, or Legal Guardian

The preferred method to submit this application is through the SGD Provider/Manufacturer that will be providing the SGD and any accessories, mounting systems, and telecommunications component. The SGD Provider/Manufacturer can submit the application on the applicant's behalf. If you have questions or concerns about submitting your application, please email cac-sgd-application@cpuc.ca.gov.

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**LETTER OF ATTESTATION**

I have read the California Public Utilities Commission (CPUC) Deaf and Disabled Telecommunication Program's (DDTP) application rules and requirements for a Speech Generation Device (SGD). I understand that the CPUC's DDTP will provide funding, in whole or in part, for the purchase of an SGD as a funder of last resort pursuant to Public Utilities Code § 2881. The DDTP will fund those SGD expenses that are not otherwise covered by public (e.g., Medicare, Medicaid, and Medi-Cal) or private insurance. I hereby attest that I have no public or private insurance that will fund an SGD, in whole or in part.

I declare that this letter is accurate and true to the best of my knowledge.

PRINTED NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT OR FAMILY CONTACT/LEGAL GUARDIAN