



Free Federal CapTel™ Phone Application Form ¹

RETIRED FEDERAL (CIVILIAN AND MILITARY) EMPLOYEES OR VETERANS

To qualify for a free CapTel phone², you need to meet/complete **ALL THREE (3)** requirements:

- 1) Retired Federal (Civilian or Military) personnel or veterans status AND have a hearing loss
- 2) Complete this CapTel phone application form and submit with item #3a or #3b to:
Sprint – Federal Relay, Attn: Free CapTel Phone, 401 Ninth Street, NW, Suite 400, Washington, DC 20004 or via Fax 202-585-1841.
- 3) Submit “official” verification of your retirement status.
 - a. **Military Retirees & Veterans** – DDForm 214 (Separation Paper) or Honorable Discharge paper/certificate. To request your DDForm 214 from the National Personnel Records Center, fax a Standard Form 180 (see attached) to (314) 801-9195 or visit them at www.vetrecs.archives.gov to make an electronic request. You may also mail to: National Personnel Records Center, Military Personnel Records, 9700 Page Avenue, St. Louis, MO 63132-5100.
 - b. **Civilian Retirees** – SF50 or other official verification of retirement status
To request verification from the Retirement Operations Center, fax a request to the attention of the Correspondence Section at (724) 794-4668 or send your request to PO Box 45, Boyers, PA 16017. **Your request must include:** 1) Full Name, 2) Maiden/Other names used, 3) Social Security Number, 4) Date of Birth, and 5) Signature.

Agency Name or Armed Forces Branch*		
Agency Type (circle one)*	Military (Armed Forces)	Civilian Other: _____
Your Full Name*		
Other Name(s) Used*		
Street Address* (No PO Boxes)		
Town, State, Zip*		
Phone* ()	Fax (optional) ()	Email

***Required** (Note: If you have questions about CapTel phone or service, call 888-269-7477 Voice)

Degree of hearing loss (w/o the use of assistive technology)	Mild____, Severe____, Severe/Profound____, Profound____ Other _____
Assistive Technology Used	Hearing aid(s)____, Cochlear Implant____, Other _____

How did you learn/hear about Federal CapTel phone and/or service? (select one)

Friend ___ Newspaper/magazine ad ___ (which one? or Ad code _____)

Web search ___ (which search engine did you use? Yahoo __, Google __, MSN __, Other _____)

Website ___ (which one? www.captionedtelephone.com __, www.fts.gsa.gov/frs __, Other _____)

Email newsletter/article ___ (which one? _____) Other: _____

Additional or Replacement Item (all phones will come with standard handsets unless identified below.)

AUDIO JACK HANDSET (For 1 st phone. If you want it for 2 nd phone, mention this in your order) (used with neck-loops and other assistive technology)	Yes
2nd CapTel Phone (\$495) (If yes, additional paperwork will be sent to you)	Yes

¹ Only one (1) Free CapTel phone per individual. Application form must be complete in its entirety – qualification will be delayed if not all information is supplied. Information on this application form is for internal use only and will not be distributed nor sold to the public. ² Requires an analog line or analog port (a.k.a. POTS – plain old telephone system)

For official use only	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
<input type="checkbox"/> FX _____	Signature _____ Date _____
<input type="checkbox"/> SYS _____	
Revised 06/03/05	

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)				
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE	SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
	DATE ENTERED	DATE RELEASED	OFFICER	
a. ACTIVE SERVICE				
b. RESERVE SERVICE				
c. NATIONAL GUARD				
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?		
NO YES _____		NO YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED _____

3. PURPOSE (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS:

Military service member or veteran identified in Section I, above
 Next of kin of deceased veteran _____ (relation)

Legal guardian (must submit copy of court appointment)
 Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 3 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____
 Street _____ Apt. _____
 City _____ State _____ Zip Code _____

Signature of requester (Please do not print.) _____
 ()
 Date of this request _____ Daytime phone _____
 Email address _____