



Application

Sorenson Communications provides free ntouch PC software and an ntouch PC account exclusively for deaf and hard-of-hearing individuals who require VRS to place and receive calls.

Requirements for filling out an application:

- Deaf or hard-of-hearing
- Use American Sign Language (ASL) to communicate
- Have a PC running Windows. Please note this software will not work on a Mac computer.

Applicants under 18 years of age must have a parent or guardian complete the application. Otherwise, fill out the application below.

Make sure to complete the entire application — incomplete applications cannot be processed. A Sorenson VRS trainer will be in contact with you when your account has been created and ntouch PC can be installed.

Application Date: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Street Address: _____ Apt or Suite #: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

VP #: _____ Pager: _____

Phone/TTY: _____ AOL I/M Username: _____

Tell us about your computer:

- PC Only PC with Webcam Mac Only Mac with Webcam No computer

How do you plan to use the Sorenson ntouch PC software? Business Personal /Home

Can we contact you with information about ntouch PC and SVRS? Yes No

Please note that the customized Sorenson ntouch PC software is available for deaf or hard-of-hearing individuals who primarily use ASL to communicate.

- Are you applying for another person? Yes No
 Are you deaf or hard-of-hearing? Yes No
 Is ASL your primary language? Yes No

By signing below, you are acknowledging that you have received and understood the following information. You will receive a local 10-digit number for your Sorenson videophone, and Sorenson will be your default VRS provider for this number. This number will be portable to another provider. To properly route 911 calls to local emergency service providers, Sorenson must have the address where you will use your Sorenson videophone. You can update this address by contacting support. Sorenson will confirm receipt of your updated address information. Also signing below, you certify that you have a medically recognized hearing or speech disability necessitating your use of TRS. Sorenson Communications has the right to refuse service.

Signature: _____ Date: _____