



# NH - TEAP Certification of Disability

## Proof of Disability from Certifying Professional

I certify that the applicant has a disability that makes it difficult or impossible to use a standard telephone.

Applicant's Name: \_\_\_\_\_

Applicant's Disability: \_\_\_\_\_

Name of Certifying Professional (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this certification form with your signed, completed application to:

Future In Sight  
NH-TEAP  
25 Walker Street  
Concord, NH 03301  
FAX: 603.224.4378  
Phone: 603.224.4039 or 800.464.3075  
email: [services@futureinsight.org](mailto:services@futureinsight.org)