

Application to Receive SSP Services

The Support Service Provider (SSP) Service of southeastern PA is a service of the Deaf Community Action Network (DeafCAN!), a nonprofit project of Christ the King Deaf Church.

To qualify for this SSP service, you must have both hearing and vision losses significant enough to classify you as deaf-blind, be able to make independent decisions and instruct an SSP, and you must reside in one of the eight counties of PA within the service's coverage. Please type or print your answers to the questions below.

First Name _____ Last Name _____

Age _____ I am male _____ I am female _____

Address _____

City _____ State _____ ZIP _____

Phone _____

The above phone is for (check all that apply):

_____ Voice _____ TTY _____ Video _____ Cap Tel

Texting Number _____

Email _____

Which county do you live in?

____ Philadelphia County

____ Bucks County

____ Delaware County

____ Berks County

____ Chester County

____ Lancaster County

____ Montgomery County

____ Lebanon County

____ Not sure—please check my address.

____ I am moving to the county I've placed an "M" beside, and I think I will be there by the date given.

Date I will move here _____

Which best describes your vision?

____ Low Vision

____ RP

____ Totally Blind

Which mode(s) do you prefer for receptive communication?

____ Visual Sign Language

____ Tactile Sign Language

____ Voice/Speech

____ Captioning

____ Whiteboard

Other (specify):

If you use Sign Language, do you prefer:

ASL Signed English

Which mode(s) do you prefer for expressive communication?

Sign Language Voice/Speech

Other (specify):

Do you want the SSP to guide you when walking around?

Yes No

Is there anything you want us to know about you (including mobility concerns)?

What sort of things do you need an SSP to help you with?

Have you ever used a paid or volunteer SSP before?

____Yes ____No

Would you like to receive email notifications of DB social events in southeastern PA?

____Yes ____No

Please include the following documents when you apply:

1. A completed copy of this application
2. Proof of deaf-blindness – A signed letter from your doctor that confirms your disability or other verifiable proof.
3. ?

You can submit your application directly to a DeafCAN! representative or by using either the postal or email addresses below.

DeafCAN!
SSP Service
730 South New Street
West Chester, PA 19382
BillLockard@deafcanpa.org