DEPARTMENT of REHABILITATION
Employment, Independence & Equality

VoiceOPTIONS
California Speech Technology Program
A Program of the California Public Utilities Commission

Voice Options Applicant Authorization/Referral Form

The Voice Options Program offers eligible Californians who are unable to speak, or who have difficulty speaking, with a free speech-generating device. The goal of this program is to ensure full and equal telephone communications access for all Californians with disabilities.

As an Authorized Agent, your signature on this form certifies the Applicant named herein as a qualified participant and recommends them for a referral for this program.

Applicant's Full Name:

Applicant's Email Address or Telephone Number:

Authorized Agent completing this form (check one):

- ☐ Speech-Language Pathologist
- ☐ Licensed Physician Assistant
- ☐ Developmental Pediatrician
- ☐ Family Physician
- ☐ Audiologist
- ☐ Nurse Practitioner
- ☐ State Agency
- ☐ Rehabilitation Counselor
- ☐ Federal Agency

By signing this document I hereby certify that the individual named herein has a speech language disability that makes speaking independently difficult or not possible.

Print Name:

Organization:

License Number:

Professional Title:

Phone Number:

Email Address:

Signature of Certifying Agent:

Date: