

We provide telecommunications access for Californians with hearing, vision, cognitive, mobility, and speech-related disabilities.



APPLY TODAY!

Applicant Contact Information

First Name Middle Initial Last Name

Street Address City State Zip

Email

Phone Number/VP (_____) _____

Disability Type: Blind/Low Vision Deaf/Hard of Hearing
 Memory Mobility Speech I prefer not to say

Marketing Opt-In Consent: By checking this box

I consent to receiving marketing materials about California Connect’s equipment and services. I understand that I can opt out at any time by emailing info@caconnect.org or calling 1-800-806-1191.

Applicant Consent:

IMPORTANT, READ BEFORE SIGNING I certify under penalty of perjury that I meet the eligibility requirements including having a disability and that I am a current resident of the State of California.

I have read and fully understand the terms of this limited liability agreement(<https://apply.cacconnect.org/agreement-privacy/>) and California Connect Privacy Policy (<https://cacconnect.org/privacy/>) I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional waiver, privacy consent and release of all liability, to the greatest extent allowed by law.

Signature of Applicant Date

To be completed by a Medical Professional

First Name

Last Name

Occupation:

Medical Doctor (MD)

Physician Assistant

Nurse Practitioner

Optometrist

Audiologist

Speech-Language Pathologist

Department of Rehabilitation Counselor

Service Provider

Medical License Number

Business Address

Business Address 2

City

State

Zip

Business Email Address

Business Phone Number (_____) _____

Signature of Medical Professional

Date

You can mail, email or fax your completed certification form to a California Connect Contact Center.

Email: info@caconnect.org

Fax: 1-800-889-3974

Mail: State of California

California Connect Contact Center

P.O. Box 30310

Stockton, CA 95213