



Tello Accommodations for disabled customers

Tello provides accommodations for customers who, because of a disability (hearing or speech), are unable to effectively communicate over voice networks. If a customer requires accommodation to support a customer need a certificate of disability is requested.

Certification of Disability Instructions: A certifying agent must be a qualified health care professional or a representative of an institution, agency or non-profit 501c3 organization actively engaged in work in the disability area specified by the applicant. A certifying agent must have direct knowledge or documentation of the applicant's condition or functional limitation. Examples of certifying agents include licensed physicians and/or surgeons operating in the scope of their licenses, Vocational Rehabilitation Agency Counselors, Teachers, Audiologists, Credentialed Therapists, Directors of independent living centers, local, state, or national chapter presidents of associations of/for persons with disabilities including but not limited to: The National Association of the Deaf, Hearing Loss Association of America, AG Bell, Association of Late-Deafened Adults or Telecommunication for the Deaf, INC, or verification from qualified state agencies or state departments of rehabilitation.

Questions: Please call Tello's customer service at 1-866-377-0294 ; or e-mail CS@Tello.Com.

All charges to obtain certification of disability are the sole responsibility of the applicant.

Submit the complete application and certification forms to Tello via E-mail: CS@Tello.Com





Tello Certification of Disability
(To be completed by the certifying agent ONLY)

Tello is not responsible for any charges incurred to obtain disability certification.

Applicant's Name: _____

Applicant's Mobile Phone Number: _____

Describe the nature of the disability or medical condition:

Name of Certifying Agent: _____

Title: _____

License # (if applicable) _____

Organization (if applicable) _____

Contact Number or Email Address: _____

Street Address _____

City: _____ State: _____ Zip: _____

I certify that the applicant named above has a hearing or speech disability or condition described above and that this disability/limitation prevents or limits his/her ability to communicate over voice networks.

Signature of Certifying Agent

Date Signed

