# Application for the Nebraska Specialized Telecommunications Equipment Program

## SECTION A - APPLICANT INFORMATION

*(Please Print)*

**NAME:**_____
*(Last)* *(First)* *(Middle Initial)* *(Email Address-Optional)*

**HOME ADDRESS:**_____
*(Number and Street Name, or PO Box)* *(Apt #)*

**CITY:** _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

**DAYTIME PHONE:** (  )_____ **HOME PHONE:** (  )_____
***V/TTY/VRS/VP (Circle)*** ***V/TTY/VRS/VP (Circle)***

**SOCIAL SECURITY NUMBER:** _____-_____-_____ **BIRTH DATE:** _____/_____/_____
*(Mo)* *(Day)* *(Yr.)*

❑ ***Check this box if mailing address is different than the applicant's address and complete this section for alternate mailing.***

**NAME:** _____ **TELEPHONE:** (  ) _____
***V/TTY/VRS/VP (Circle)***

**ADDRESS:** _____**CITY:** _____ **STATE:** _____ **ZIP:**_____

## SECTION B - EQUIPMENT NEEDS (Check if Setup is Requested ❑)

| **Part 1 – Telephone Equipment – (Please Check Only One Box in Part 1)** | | |
|---|---|---|
| | **Category** | **Model Selected or Other Short Description** |
| ❑ | **Amplified Phone – Corded/Cordless (Circle One)** | |
| ❑ | **Captioned Telephone – High Speed Internet? (Yes/No)** | |
| ❑ | **Computer Conversion Package (TTY Software)** | |
| ❑ | **TTY/TT (with 6 rolls of paper maximum)** | |
| ❑ | **Voice Carry Over (VCO) Phone** | |
| ❑ | **Wireless Device (Smartphone) – T-Mobile, U.S. Cellular, Verizon, Viaero (Circle Provider)** | |
| ❑ | **Other (Please specify)** | |
| | | |
| **Part 2 – Phone Signaling Devices – (Please Check Only One Box in Part 2)** | | |
| ❑ | **Light Signaler Phone Ring – One Signaler** | |
| | **____Number of remote receivers needed (Limit of 2)** | |
| ❑ | **Phone Ringer** | |
| ❑ | **Personal Signaler (vibrating device)** | |
| ❑ | **Other (Specify – example, "Alertmaster", "Central Alert", etc.)** | |

## SECTION C - ELIGIBILITY

| Yes | No | |
|---|---|---|
| ❑ | ❑ | I have a hearing, visual and hearing loss, or speech disability which prevents me from using the telephone effectively. |
| ❑ | ❑ | I am three years of age or older, and can demonstrate the ability to use the equipment. |
| ❑ | ❑ | I now have phone service or have applied for phone service in the state of Nebraska at my place of residence. |
| ❑ | ❑ | I am a current resident of the state of Nebraska. |
| ❑ | ❑ | Have you, or anyone in your household, previously applied for this program? If yes, approximate month and year _____/_____ |

**I hereby certify under penalty of perjury, the information provided above is true and complete to the best of my knowledge**.

**X**_____**DATE**_____
***(Applicant or Guardian's Signature if applicant is under 19 years of age)***

## SECTION D - PROFESSIONAL CERTIFICATION

*(to be completed by certifier)*

I certify this applicant as one of the following:

❑ Deaf ❑ Hard of Hearing ❑ Speech Disability ❑ Deaf-Blind (includes severe hearing & vision)*

**(Check one of the following and provide appropriate information)**

- ❑ Assistive Technology Project Representative (ATP)
- ❑ Audiologist or Licensed Hearing Aid Dispenser
- ❑ Augmentative Speech Pathologist
- ❑ Center for Independent Living Representative
- ❑ Licensed Physician/Assistant
- ❑ Nebraska Commission for the Deaf and Hard of Hearing (NCDHH)
- ❑ Services for the Visually Impaired Representative (SVI)
- ❑ Speech Pathologist
- ❑ Vocational Rehabilitation Representative (VR)
- ❑ Other _____

*Requires Supplemental Application to be completed. Select the link indicated below then select 'Supplemental Application Form':
https://psc.nebraska.gov/sites/psc.nebraska.gov/files/doc/application_large_display_tactile_ring.pdf

This individual requires other adaptive equipment (specify): _____

***(Please Print / Check if Change of Address ❑)***

**PROFESSIONAL CERTIFIER NAME:**_____

**AGENCY NAME:** _____

**ADDRESS:** _____

**CITY:** _____ **STATE:** _____ **ZIP:**_____

**TELEPHONE:** ( ) _____ **FAX:** ( ) _____

**E-MAIL ADDRESS:**_____

**X**_____ **DATE:** _____

*(Certifier's Signature)* *(Title)*

## INTERNAL USE ONLY

Approved ❑ Denied ❑

**COMPLETED BY:** *(Please Print)*

**NAME:** _____ **AGENCY:** _____

**ADDRESS:**_____

**CITY:** _____ **STATE:** _____ **ZIP:** _____

**PHONE NUMBER: (** **)** _____

**E-MAIL ADDRESS:**_____

**X** _____ **DATE:** _____

(NSTEP Coordinator's Signature)

# United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:

_____,

and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME:

_____

*(First)* *(Middle)* *(Last)*

SIGNATURE: _____Date:_____

Please submit the completed form and NSTEP application to:

Nebraska Public Service Commission
ATTN: NSTEP Coordinator
PO Box 94927
Lincoln NE 68509-4927