Application for the Nebraska Specialized Telecommunications Equipment Program

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.)*

Name of someone who can help us contact you: (a person not living with you). NOTE: If mail address is different than the applicant's address, complete this section and check this box ❑.

NAME: ________________________ **TELEPHONE:** ( ) ________________________
V/TTY/VRS/VP (Circle One)
ADDRESS: ____________________**CITY:** ________________ **STATE:** ______ **ZIP:**____________

B. EQUIPMENT NEEDS

❑ Check if Setup is required

Part 1 – Telephone Equipment - (Please Check Only One)

- ❑ **CapTel (Captioned Telephone)**
- ❑ **Computer Conversion Package (TTY modem only)**
- ❑ **Phone with Amplification (Built-in)**
- ❑ **Phone Amplifier**
- ❑ **TTY/TT (with 6 rolls of paper maximum)**
- ❑ **Voice Carry Over (VCO) Phone**
- ❑ **Other (please specify)**______________________________

Additional application required:
- ❑ **Tactile Ring Signaler (severe hearing & vision disability)**
- ❑ **TTY and Large Visual Display or /Telebrailler (severe hearing & vision disability)**

Part 2 – Phone Signaling Devices – (Please Check Only One)

- ❑ **Light Signaler Phone Ring - One Signaler**
  ______ **Number of remote receivers needed (Limit of 2)**
- ❑ **Phone Ringer**
- ❑ **Personal Signaler (vibrating device)**
- ❑ **Other (What Kind –example,"Alertmaster")**______________________________

C. ELIGIBILITY

"United States Citizenship Attestation Form" must be completed and filed with this application.

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 ever applied for this program? If yes, approximate month and year _____/_____

The above facts are true and complete to the best of my knowledge.

X____**DATE**____________________

(Applicant or Guardian's Signature if applicant is under 18 years of age)

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 ______________________________

This individual requires other adaptive equipment (specify): ______________________________

(Please Print)

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)