

Nebraska Specialized Telecommunications Equipment Program (NSTEP) Application

SECTION A - APPLICANT INFORMATION (* required info)

(Please Print)

*NAME: _____
(Last) (First) (Middle Initial)

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

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

*SOCIAL SECURITY NUMBER: _____ - _____ - _____ *BIRTH DATE: MM / DD / YYYY

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

EMAIL ADDRESS: _____

☐ Mailing Address is different from Applicant Home address.

NAME: _____ TELEPHONE: () _____
☐ V/ ☐ TTY/ ☐ VRS/ ☐ VP

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)

<input type="checkbox"/> Amplified Phone - <input type="checkbox"/> Corded / <input type="checkbox"/> Cordless	<input type="checkbox"/> Captioned Phone
<input type="checkbox"/> Computer Conversion Package (TTY software)	<input type="checkbox"/> Internet Captioned Phone
<input type="checkbox"/> TTY/TT (with 6 rolls of paper maximum)	<input type="checkbox"/> Voice Carry Over (VCO) Phone
<input type="checkbox"/> Speech Generation Device	<input type="checkbox"/> Wireless Device (Smartphone select a provider)
<input type="checkbox"/> Other Equipment (please specify)	<input type="checkbox"/> T-Mobile, <input type="checkbox"/> Verizon, <input type="checkbox"/> Vieraero

Part 2 – Phone Signaling Devices (please check only one box in Part 2)

<input type="checkbox"/> Light Signaler Phone Ring – One Signaler	<input type="checkbox"/> Phone Ringer
Number of receivers needed (limit 2)	<input type="checkbox"/> Personal Signaler (vibrating device)
<input type="checkbox"/> Other Equipment (please specify, i.e. Alertmaster or Central Alert)	

SECTION C - ELIGIBILITY

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a hearing, visual and hearing loss, or speech disability which prevents me from using the telephone effectively. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am three years of age or older, and can demonstrate the ability to use the equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | I now have phone service or have applied for phone service in the state of Nebraska at my place of residence. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a current resident of the state of Nebraska. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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