

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"/> Viaero |

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

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)

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