Nebraska Specialized Telecommunications Equipment Program (NSTEP)
Application Completion Guidelines

Checklist of Required Documents

- ❑ Application form has been completed (reverse side must be completed by Professional Certifier).
- ❑ "United States Citizenship Attestation Form" has been completed (required).
- ❑ Supplemental Application (Only if applicant is Deaf/Blind).

Preliminary Considerations: *Please note the following rules and regulations for this program:*

1) Only two individuals per household may be an owner of telecommunications equipment at one time and you cannot reapply for assistance more than once every three years;

2) The NSTEP program does not reimburse applicants directly for equipment previously purchased. The program pays vendors for vouchers redeemed by the applicant.

Section A - Applicant Information Section:

1) Navigation to the online application form is: https://psc.nebraska.gov/for-consumers/trsnstep-consumer-information

2) Applicants providing a PO box must also include their physical address. The PO box will be used for mailing purposes.

3) Social Security Number is required for tracking purposes. Your information is kept strictly confidential.

Section B - Selection of Equipment:

1) You may check only one box in Part 1. If you need additional assistance in selecting the proper model for your needs, the Nebraska Commission for the Deaf and Hard of Hearing has an in-office demonstration area in each of their locations to assist you. Call 1-800-545-6244 to make an appointment at either of their locations.

Special Instructions for Wireless Devices. If you select a wireless device enter the wireless provider's name in the "Other Short Description" column – next to the title, "Wireless Device" in Section B, Part 1. Follow the instructions in Packet #2, 'Procedures for Selecting Wireless Devices' that is provided with your voucher. **Note Your wireless provider selections are 1) T-Mobile; 2) UScellular; 3) Verizon or 4) Viaero.**

Special Instructions for Captioned Telephone Devices. If you chose a captioned

telephone provided by CapTel, you must indicate either model 840 Plus SP, 840i, 880i, or 2400iBT in the "Other Short Description" column in Section B, Part 1. These models use your telephone service to provide voice and a high-speed internet connection to provide captions. The CapTel 840 Plus SP incorporates features that meet the changing needs of users' telephone needs with just one device – whether they are using traditional analog lines or IP telephone lines. This product addresses users issues if their telecommunications provider moves to a VoIP platform. There is also a CapTel 880iB. This product is also referred to as 'Braille CapTel' and is designed for braille readers who have difficulty hearing over the phone. Braille CapTel users can read word-for-word captions on a dynamic braille display.

Special Instructions for Videophone users: A high-speed internet connection is required. The applicant is responsible for obtaining internet service and completing the registration process with a Video Relay Service (VRS) provider.

2) You may check only one box in Part 2. This part allows you to select a signaling device. Applicants seeking a visual ring signaler may also request for a maximum of two additional visual remote receivers. **If you also selected a wireless device in Part 1, you will receive a second voucher to be used only for your Part 2 equipment selection.**

3) Check the Setup box if you wish to allow a local vendor to contact you to arrange for setup and demonstration on use of the equipment. ****Note** not all vendors provide setup. Your 'Participating Vendor List' will make such designation.**

Section C - Eligibility:

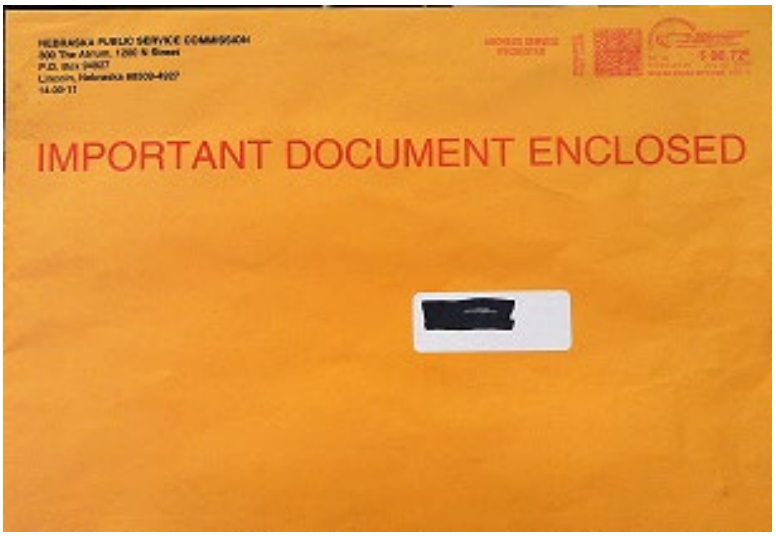
1) Answer the Yes / No questions. All questions should be 'yes' with the exception of personal telephone service (if you are acquiring a wireless device for the first time) and the last question (you have previously applied for assistance in the program before).
2) Be sure to sign and date the application.

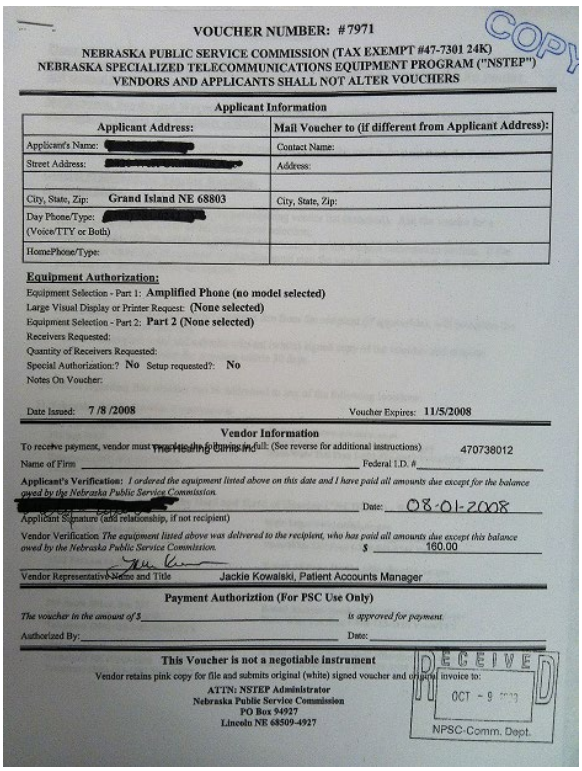
Section D - Professional Certification:

A person who is properly licensed or authorized must complete the professional certification on the back of the application form. This certification provides an independent evaluation regarding the disability of the applicant. **This section is reserved for a professional or organization authorized to certify an applicant's disability. If the applicant is "Dual Disabled" (Deaf/Blind), a supplemental application is required to be completed by the certifier. This form is located at the link as indicated below then select 'Supplemental Application Form': https://psc.nebraska.gov/sites/psc.nebraska.gov/files/doc/NSTEPApplication_Supplemental.pdf**

Receiving Your Voucher:

Once the application and United States Citizenship form is received at the PSC, a voucher will be mailed to you in a large package noted as “Important Document Enclosed” (as pictured below).





VOUCHER NUMBER: #7971

NEBRASKA PUBLIC SERVICE COMMISSION (TAX EXEMPT #47-7301 24K)
NEBRASKA SPECIALIZED TELECOMMUNICATIONS EQUIPMENT PROGRAM ("NSTEP")
VENDORS AND APPLICANTS SHALL NOT ALTER VOUCHERS

COPY

Applicant Information

Applicant Address:	Mail Voucher to (if different from Applicant Address):
Applicant's Name: [redacted]	Contact Name:
Street Address: [redacted]	Address:
City, State, Zip: Grand Island NE 68803	City, State, Zip:
Day Phone/Type: [redacted] (Voice/TTY or Both)	
HomePhone/Type:	

Equipment Authorization:
Equipment Selection - Part 1: **Amplified Phone (no model selected)**
Large Visual Display or Printer Request: **(None selected)**
Equipment Selection - Part 2: **Part 2 (None selected)**
Receivers Requested:
Quantity of Receivers Requested:
Special Authorization:? **No** Setup requested?: **No**
Notes On Voucher:

Date Issued: **7 /8 /2008** Voucher Expires: **11/5/2008**

Vendor Information
To receive payment, vendor must complete the following in full: (See reverse for additional instructions)
Name of Firm The Hearing Clinic Inc Federal I.D. # 470738012
Applicant's Verification: *I ordered the equipment listed above on this date and I have paid all amounts due except for the balance owed by the Nebraska Public Service Commission.*
[redacted] Date: 08-01-2008
Applicant Signature (and relationship, if not recipient)
Vendor Verification: *The equipment listed above was delivered to the recipient, who has paid all amounts due except this balance owed by the Nebraska Public Service Commission.* $ 160.00
Vendor Representative Name and Title Jackie Kowalski, Patient Accounts Manager

Payment Authoriztion (For PSC Use Only)
The voucher in the amount of $ _____ *is approved for payment.*
Authorized By: _____ Date: _____

This Voucher is not a negotiable instrument
Vendor retains pink copy for file and submits original (white) signed voucher and original invoice to:
ATTN: NSTEP Administrator
Nebraska Public Service Commission
PO Box 94927
Lincoln NE 68509-4927

RECEIVED
OCT - 9
NPSC-Comm. Dept.

Voucher Handling Instructions:

Follow the ‘Voucher Handling Instructions’ that come with your voucher. Instructions for processing the voucher are different for non-wireless and wireless devices.

- Packet #1 – This packet explains voucher handling instructions for non-wireless devices;
- Packet #2 – This packet explains voucher handling instructions for selecting wireless devices. This packet contains procedures for all four (4) of the NSTEP participating wireless carriers (T-Mobile, UScellular, Verizon, and Viaero wireless). Authorized resellers are not allowed.

NSTEP SUPPLEMENTAL APPLICATION
TTY AND LARGE VISUAL DISPLAY OR TELEBRAILLER

PROFESSIONAL CERTIFICATION
(To be completed by certifier)

SELECT ONE: ☐ TTY And Large Visual Display / ☐ Telebrailler:
In my capacity as a professional with experience in the evaluation of vision disabilities, I certify that, due to severe visual disability, the above applicant could not benefit from the use of a TTY with standard display. However, the applicant may benefit from the use of a TTY equipped with a Large Visual Display (LVD) or a Telebrailler.

The recommended color of display lens is: (check one)

☐ **AMBER**	☐ **LAVENDER**	☐ **ROSE-RED**
☐ **BLUE LENS**	☐ **ORANGE-RED**	☐ **VIOLET**
☐ **BLUE-GREEN LENS**	☐ **PINK**	☐ **YELLOW LENS**
☐ **GREEN**	☐ **RED**	

Please Print

NAME OF APPLICANT: _____

NAME OF CERTIFIER: _____

TITLE: _____

NAME OF AGENCY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____

CERTIFIER'S SIGNATURE: _____

DATE: _____

NSTEP SUPPLEMENTAL APPLICATION
OTHER DEAF/BLIND DEVICE

PROFESSIONAL CERTIFICATION
(To be completed by certifier)

In my capacity as a professional with experience in the evaluation of vision and hearing disabilities, I certify that, due to severe visual and hearing disabilities, the above applicant could benefit from the use of a device specifically designed for Deaf/Blind communications.

Please Print

NAME OF APPLICANT: _____

NAME OF CERTIFIER: _____

TITLE: _____

NAME OF AGENCY:_____

ADDRESS:_____

CITY/STATE/ZIP: _____

TELEPHONE #: _____

CERTIFIER'S SIGNATURE:_____

DATE: _____

SHORT DESCRIPTION OF DEAF/BLIND DEVICE AND HOW IT FUNCTIONS:

_____
_____
_____
_____
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