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 – Circle Provider) – T-Mobile, Verizon, Viaero**	
❑	**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