

Nebraska Specialized Telecommunications Equipment Program (NSTEP) Application

SECTION A - APPLICANT INFORMATION

(completed by applicant)

(Please Print)

(* required)

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

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

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

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

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

***Email Address:** _____

***SOCIAL SECURITY NUMBER:** _____ - _____ - _____

BIRTH DATE: _____ / _____ / _____
(Mo) (Day) (Yr.)

☐ *Mailing Address is different from Home Address*

NAME: _____

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

ADDRESS: _____

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

SECTION B - EQUIPMENT NEEDS *(completed by applicant)*

(Equipment Setup Requested ☐)

Part 1 – Telephone Equipment (please check only one box in Part 1)

<input type="checkbox"/> Amplified Phone Cordless / 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) T-Mobile, Verizon, Viaero
<input type="checkbox"/> Other Equipment (please specify)	

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

<input type="checkbox"/> Light Signaler / Phone Ringer – One Signaler	<input type="checkbox"/> Phone Ringer
<input type="checkbox"/> Signaler 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 *(completed by applicant)*

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.

Signature _____ **DATE** _____
(Applicant or Guardian's Signature if applicant is under 19 years of age)

United States Citizenship Attestation Form

(completed by applicant)

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

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)

(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 *(completed by NSTEP Coordinator)*

Approved

Denied

COMPLETED BY: *(Please Print)*

NAME: _____ **AGENCY:** _____

ADDRESS: _____

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

PHONE NUMBER: () _____ - _____

E-MAIL ADDRESS: _____

X _____ **DATE:** _____
(NSTEP Coordinator's Signature)