

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) Vieraero.

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:

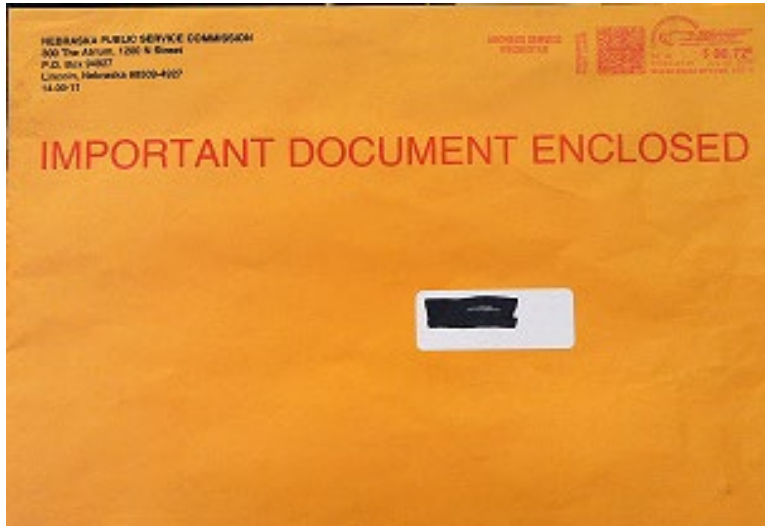
- 1) Answer the Yes / No questions. All questions should be ‘yes’ with the exception of personal telephone service (if you are acquiring a wireless device for the first time) and the last question (you have previously applied for assistance in the program before).
- 2) Be sure to sign and date the application.

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)	
Home/Phone/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 ~~provide~~ **provide** ~~submit~~ **submit** full. (See reverse for additional instructions) 470738012

Name of Firm: _____ Federal I.D. # _____

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.* Date: **08-01-2008**

Applicant Signature (add 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 Authorization (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 2008

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.

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 Corded / 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)