

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: () _____ - _____ *V/TTY/VRS/VP (Circle)*

HOME PHONE: () _____ - _____ *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 ☐)

Category		Model Selected or Other Short Description
<input type="checkbox"/>	Amplified Phone – Corded/Cordless (Circle One)	
<input type="checkbox"/>	Captioned Telephone	
<input type="checkbox"/>	Computer Conversion Package (TTY Software)	
<input type="checkbox"/>	TTY/TT (with 6 rolls of paper maximum)	
<input type="checkbox"/>	Voice Carry Over (VCO) Phone	
<input type="checkbox"/>	Wireless Device (Smartphone – Circle Provider) – T-Mobile, Verizon, Viaero	
<input type="checkbox"/>	Other (Please specify)	
Part 2 – Phone Signaling Devices – (Please Check Only One Box in Part 2)		
<input type="checkbox"/>	Light Signaler Phone Ring – One Signaler	
	Number of remote receivers needed (Limit of 2)	
<input type="checkbox"/>	Phone Ringer	
<input type="checkbox"/>	Personal Signaler (vibrating device)	
<input type="checkbox"/>	Other (Specify – example, “Alertmaster”, “Central Alert”, etc.)	

SECTION C – ELIGIBILITY

(to be completed by applicant)

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a hearing, visual and hearing loss, or speech disability which prevents me from using the telephone effectively. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am three years of age or older and can demonstrate the ability to use the equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | I now have phone service or have applied for phone service in the state of Nebraska at my place of residence. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a current resident of the state of Nebraska. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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)

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)

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