

Nebraska Specialized Telecommunications Equipment Program 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).

Section A - Applicant Information Section:

- 1) 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) U.S. Cellular; 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, 840 Plus, 840i, 880i, or 2400i in the “Other Short Description” column in Section B, Part 1. All CapTel models, other than 840 are designed for high-speed internet connections.

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 apply 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.

Section C - Eligibility:

- 1) Answer the Yes / No questions;
- 2) Be sure to sign and date the application.

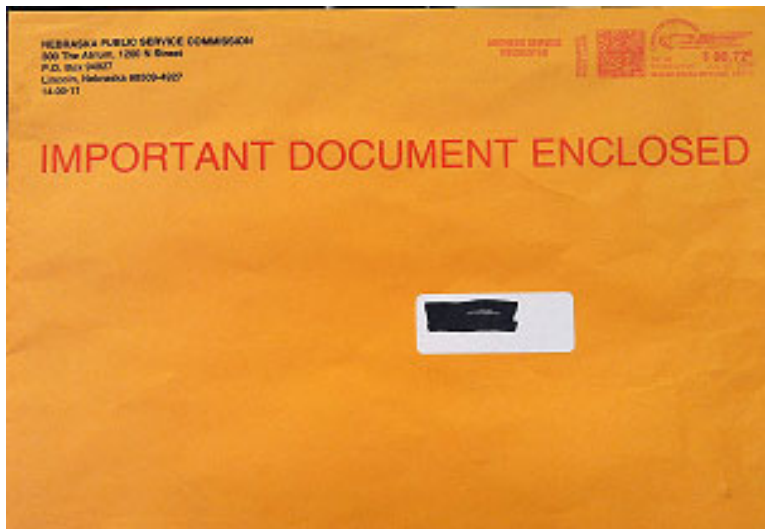
Section D - Professional Certification:

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).

Note: vouchers are not mailed to vendors. Follow the 'Voucher Handling Instructions' that come with your voucher. Instructions for processing the voucher are different for CapTel and wireless devices.



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

Applicant Information	
Applicant Address:	Mail Voucher to (if different from Applicant Address):
Applicant's Name:	Contact Name:
Street Address:	Address:
City, State, Zip: Grand Island NE 68803	City, State, Zip:
Day Phone/Type: (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 a bill to: (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.	
Applicant Signature (add relationship, if not recipient)	Date: 08-01-2008
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.	
Vendor Representative Signature and Title	Jackie Kowalski, Patient Accounts Manager

Payment Authorization (For PSC Use Only)
The voucher is 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 4927
Lincoln NE 68509-4927

RECEIVED
OCT - 9 2008
NPS-C Comm. Dept.