

APPLICATION FOR NSTEP DISASTER RELIEF

The Nebraska Public Service Commission is offering disaster relief to NSTEP assistance recipients due to the flooding and severe weather conditions in Nebraska during the spring of 2019. Applications for relief due to these events will be accepted until **September 30, 2019**. Persons residing in counties identified by the Federal Emergency Management Agency (FEMA) in event DR-4420 as qualifying for individual and/or public assistance are eligible to apply. Replacement of equipment damaged or destroyed in this event will be limited to non-mobile equipment that is specifically designed to assist persons who are deaf or hard of hearing, have a hearing or speech disability, or have visual and hearing loss.

Questions may be directed to the Public Service Commission at (402) 471-3101.

APPLICANT INFORMATION

Name

Home Address

City State Zip Code County

Daytime Phone Alternate Phone

Social Security Number Date of Birth

EQUIPMENT NEEDS

Please list any and all equipment you previously received through an NSTEP voucher, the date it was received, and whether you are seeking for it to be replaced:

Equipment	Date Received	Seeking Replacement?
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

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Has your equipment been damaged beyond repair due to flooding and/or extreme weather in Nebraska? If so, please describe when this occurred, and specifically what happened.

Do you have any photographs of the damage? If so, please attach them.

Has your equipment been inspected by the vendor who issued it to you? If so, please state the name of the vendor, and attach or include a statement from that vendor as to the condition of the equipment.

ATTESTATIONS

Please initial each of the following:

_____ The equipment I am requesting to be replaced was damaged by severe weather and/or flooding, in events outside of my control.

_____ I understand that if my application is granted, I will be eligible to receive the same or comparable equipment as what was previously damaged. I will not be eligible to upgrade my equipment until five (5) years have passed since the date of this application.

_____ I continue to live in the state of Nebraska.

_____ I continue to be deaf or hard of hearing, have a hearing or speech disability, or have visual and hearing loss which prevents me from using the telephone effectively.

I hereby certify, under penalty of perjury, that all of the information provided in this application 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)