Application for the Nebraska Specialized Telecommunications Equipment Program

(D) ~ :		SECTION A - APPLI	CANT	INFORMATION	<u>ON</u>	
(Please Prin						
NAME:	(Last)	(First)		(Middle Initial)	(Email Address-Optional)	
	(Emst)	(1 11 31)		(minum immu)	(Zima rauress Optional)	
HOME	ADDRESS:					
		(Number and Street Name, or PO Box)		((Apt #)	
CITY:		STATE:	ZIP: _	COUN	NTY:	
DAVTI	ME DHANE. /	,	цом	F DHONE. (
DAYIL	ME PHONE: () V/TTY/VRS/VP (Circle)	_ now	ETHUNE: ()_	V/TTY/VRS/VP (Circle)	
SOCIA	L SECURITY !	NUMBER:				
БОСИ	L SECORITI				(Mo) (Day) $(Yr.)$	
$\Box c$	Check this box if	mailing address is different than the app	licant's a	ddress and complete th		
NAME.	,	ТЕГЕРНО	NF. /	,		
NAIVIE:	·	IELEPHC	JINE: (<i>V/TTY/VRS/VP</i>		
ADDRE	ESS:	CITY:				
	SECT	TON B - EQUIPMENT NEE	DS (C	heck if Setup is	Requested □)	
	<u></u>	•	(3		<u> </u>	
Part 1	– Telephone E	Equipment – (Please Check Only One	e Box in	Part 1)		
		Category		Model Selected	or Other Short Description	
		Phone – Corded/Cordless (Circle One	e)			
	Captioned 7					
	☐ Computer Conversion Package (TTY Software)					
	`	ith 6 rolls of paper maximum)				
		y Over (VCO) Phone	4 TI C			
		evice (Smartphone) – Verizon, Sprint	t, U.S.			
	Other (Plea	aero (Circle Provider) se specify)				
	Other (Frea	se specify				
Part 2	– Phone Signa	lling Devices – (Please Check Only O	ne Box	in Part 2)		
		er of remote receivers needed (Limit	of 2)			
	Phone Ring					
		gnaler (vibrating device)				
	Other (Spec	cify – example, "Alertmaster", "Cent	tral Aler	t", etc.)		
		SECTION C -	ELIG	IBILITY		
Yes	No					
		a hearing, visual and hearing loss, or spec-	ch disabil	ity which prevents me f	from using the telephone	
		effectively. I am three years of age or older, and can demonstrate the ability to use the equipment.				
ā						
	☐ I am a	current resident of the state of Nebraska.				
	☐ Have	you, or anyone in your household, previous	sly applie	d for this program? If y	yes, approximate month and year	
I hereby	v certify under	$^{\prime}$ penalty of perjury, the information prov	zided abo	ve is true and complet	te to the hest of my knowledge	
i nerenj	y certify under	penaity of perjury, the information prov	riucu abu	ve is a ue and complet	ic to the dest of my knowledge.	
X				DATE		
(Applica	ınt or Guardian	's Signature if applicant is under 19 year.	s of age)			

<u>SECTION D - PROFESSIONAL CERTIFICATION</u> (to be completed by certifier)

I certify this applicant as ☐ Deaf	one of the following: ☐ Hard of Hearing	☐ Speech Disability	☐ Deaf-Blind (includes severe hearing & vision)*
□ Assistive Tec □ Audiologist o □ Augmentative □ Center for Inc □ Licensed Phy □ Nebraska Cor □ Services for t □ Speech Patho □ Vocational Re □ Other _	nmission for the Deaf and lead the Visually Impaired Representative chabilitation Representative	ative (ATP) spenser tative Hard of Hearing (NCDHH) esentative (SVI)	below then select 'Supplemental Application Form':.
	sites/psc.nebraska.gov/files/		
This individual requi	res other adaptive equi	pment (specify):	
(Please Print) PROFESSIONAL O	CERTIFIER NAME:		
AGENCY NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
TELEPHONE: ()	FAX: ()
E-MAIL ADDRESS	::		
X	ure)		DATE:
(Certifier's Signat	ure)	(Title)	
	IN	TERNAL USE O	NLY
Approved \Box		Denie	d 🗅
COMPLETED BY: (Ple	ease Print)		
NAME:		AGENCY:	
ADDRESS:			
CITY:	STA	TE:	ZIP:
PHONE NUMBER:	. ()		
E-MAIL ADDRESS	5:		
X(NSTE	P Coordinator's Signature)	DAT	E:

United States Citiz	enship Attestation Form
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olying with Neb. Rev. Stat. {	§§ 4-108 through 4-114, I attest as follows:
United States.	
— OR –	_
	tion and Nationality Act, my immigration
copy of my USCIS docume	entation upon request.
	n provided on this form and any related accurate and I understand that this acc in the United States.
(Middle)	(Last)
	_Date:
Coordinator	ication to:
	United States. — OR — n under the federal Immigrate are as follows: copy of my USCIS docume response and the information enefits are true, complete, and to verify my lawful presert (Middle)