

# 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) – T-Mobile, U.S. Cellular, Verizon, Vieraero, (Circle Provider)	
<input type="checkbox"/>	Other (Please specify)	
<b>Part 2 – Phone Signaling Devices – (Please Check Only One Box in Part 2)</b>		
<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

- 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)*

## 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](https://psc.nebraska.gov/sites/psc.nebraska.gov/files/doc/application_large_display_tactile_ring.pdf)

This individual requires other adaptive equipment(specify):

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*(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