

# 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:** (     ) \_\_\_\_\_ **HOME PHONE:** (     ) \_\_\_\_\_  
*V/TTY/VRS/VP (Circle)*
*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 )

### **Part 1 – Telephone Equipment – (Please Check Only One Box in Part 1)**

	Category	Model Selected or Other Short Description
<input type="checkbox"/>	Amplified Phone – Corded/Cordless (Circle One)	
<input type="checkbox"/>	Captioned Telephone – High Speed Internet? (Yes/No)	
<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, Viera (Circle Provider)	
<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

- |                          |                          |  |
|--------------------------|--------------------------|--|
| 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.

**X** \_\_\_\_\_ **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): \_\_\_\_\_

*(Please Print / Check if Change of Address )*

**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