

**APPLICATION FOR NEBRASKA EQUIPMENT DISTRIBUTION PROGRAM
TTY AND LARGE VISUAL DISPLAY/TELEBRAILLER**

Please Print

APPLICANT'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: (_____) _____

SOCIAL SECURITY #: _____ - _____ - _____

PROFESSIONAL CERTIFICATION

(to be completed by certifier)

In my capacity as a professional with experience in the evaluation of vision disabilities, I certify that, due to severe visual impairment, the above applicant could not benefit from the use of a TTY with standard display. However, the applicant may benefit from the use of a TTY equipped with a Large Visual Display (LVD) and/or a Telebrailer.

The recommended color of display lens is: (check one)

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> AMBER | <input type="checkbox"/> LAVENDER | <input type="checkbox"/> ROSE-RED |
| <input type="checkbox"/> BLUE LENS | <input type="checkbox"/> ORANGE-RED | <input type="checkbox"/> VIOLET |
| <input type="checkbox"/> BLUE-GREEN LENS | <input type="checkbox"/> PINK | <input type="checkbox"/> YELLOW LENS |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED | |

Please Print

NAME OF CERTIFIER: _____

TITLE: _____

NAME OF AGENCY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____

STATE LICENSE #: _____

CERTIFIER'S SIGNATURE: _____

DATE: _____