

B.

EQUIPMENT NEEDS

Part 1 – Telephone Equipment – (Please Check Only One)

Computer Conversion Package (TTY modem only)

Phone with Amplification (Built-in)

Additional application required:

Phone Amplifier

Large Visual Display

Tactile Ring Signaler

Telebrailer

TTY/TT (with 6 rolls of paper maximum)

Voice Carry Over (VCO) Phone

Check if Setup is required: _____

Other (please specify) _____

Part 2 – Phone Signaling Devices – (Please Check Only One)

Light Signaler Phone Ring – Master

_____ Number of remote receivers needed (Limit of 2)

Phone Ringer

Personal Vibrator

Other (What Kind – example, “Alertmaster”) _____

C.

ELIGIBILITY

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 ever applied for this program? If yes, approximate month and year ____/____

The above facts are true and complete to the best of my knowledge.

X _____ **DATE** _____

(Applicant or Guardian's Signature if applicant is under 18 years of age)

PROFESSIONAL CERTIFICATION

(to be completed by certifier)

I certify that this applicant as one of the following:

Deaf Hard of Hearing Speech Disability Deaf-Blind

(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 _____

This individual requires other adaptive equipment (specify): _____

(please print)

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:

NAME: _____ **AGENCY:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **Zip** _____

PHONE NUMBER: () _____

E-MAIL ADDRESS: _____

X _____ **DATE:** _____

(NEDP Coordinator's Signature)