

# Application for the Nebraska Specialized Telecommunications Equipment Program

## A. APPLICANT INFORMATION

(Please Print)

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

HOME ADDRESS: \_\_\_\_\_  
(Number and Street Name, or PO Box) (Apt #)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DAYTIME PHONE: ( ) \_\_\_\_\_ V/TTY/Both HOME PHONE: ( ) \_\_\_\_\_ V/TTY/Both  
(Circle One) (Circle One)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Mo) (Day) (Yr.)

Name of someone who can help us contact you: (a person not living with you). NOTE: If mail address is different than the applicant's address, complete this section and check this box .

NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_ V/TTY/Both  
(Circle One)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## B. EQUIPMENT NEEDS

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

- CapTel (Captioned Telephone)
- Computer Conversion Package (TTY modem only)
- Phone with Amplification (Built-in)
- Phone Amplifier
- TTY/TT (with 6 rolls of paper maximum)
- Voice Carry Over (VCO) Phone
- Other (please specify) \_\_\_\_\_

#### Additional application required:

- Tactile Ring Signaler (severe hearing & vision disability)
- TTY and Large Visual Display or /Telebrailer (severe hearing & vision disability)

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

- Light Signaler Phone Ring - One Signaler  
\_\_\_\_\_ Number of remote receivers needed (Limit of 2)
- Phone Ringer
- Personal Signaler (vibrating device)
- Other (What Kind –example, "Alertmaster") \_\_\_\_\_

Check if Setup is required:

## 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 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 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 \_\_\_\_\_

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: (Please Print)

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (     ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_\_  
(NEDP Coordinator's Signature)