



Division for Rehabilitation Services
Application for
Specialized Telecommunications
Assistance Program (STAP)
Office for Deaf and Hard of Hearing Services

Step 1—Provide Applicant Information

Applicant's first name:	Middle name:	Last name:
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Street address:	City:	State: TX	ZIP code:
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Home telephone number: ()	Alternate telephone number: ()	Social Security number:
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TX driver's license number:	Birth date:	Email:
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Parent or legal guardian name:

Mailing Address (if different from above)

Enter X to select one:

<input type="checkbox"/> Applicant's PO box	<input type="checkbox"/> Family member
<input type="checkbox"/> Guardian	If family, specify relationship to applicant: _____

Name:

Address:	City:	State:	ZIP code:
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Signature

The following statement must be signed before the application can be processed.

I attest to the following:

- The applicant is a Texas resident.
- The applicant requires a specialized adaptive device(s) to access the telephone network.
- The device selected will enable the applicant to access the telephone network.
- I understand that STAP may request additional documentation as needed to confirm or supplement any information provided on the application including, but not limited to, physician's statements, medical records, auditory- or vision-care professional's records.
- All information given on this application is true.

This application must have an original signature—not a photocopy, facsimile, or stamped signature. If you are less than 18 years old, the parent or guardian named above must sign the application.

Signature of Applicant, Parent, or Legal Guardian: X	Date:
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This application form is valid until August 31, 2007

Step 2—Provide Proof of Residency

Include a copy of one of the following as proof of your Texas residency:

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> • Texas driver's license • voter registration card | <ul style="list-style-type: none"> • ID card with address | <ul style="list-style-type: none"> • utility bill (showing address) • vehicle registration card | <ul style="list-style-type: none"> • Medicaid ID • Medicare Summary |
|---|--|---|---|
- letter on official letterhead (signed by residential facility supervisor or director)

Proof of residency must name the applicant, parent, or legal guardian and show the home address.

Step 3—Select Device

Select one device that you need for telephone access.

Some individuals may require a combination of **compatible devices** to use the primary device selected to achieve basic phone access (for example, **TTY** and **ring signaler**).

You must meet the established disability requirements for the device requested. (Note: these disability requirements are defined in the instructions to this form.)

HH = Hard of hearing; **D** = Deaf; **SI** = Speech impaired; **WS** = Weak Speech; **B** = Blind; **VI** = Visually impaired; **UMI** = Upper mobility impaired; **LMI** = Lower mobility impaired; **CI** = Cognitively impaired

Telecommunication Device and/or Software	Disability Requirements
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Devices marked with an asterisk (*) may require you to place calls through a relay service.

Enter X to select device needed:

- | | | | |
|--|---|--|---------------------------------|
| <input type="checkbox"/> | Amplified phone | | (HH or D) |
| A phone with volume control capabilities to adjust the loudness of the other person's voice. May be cordless and may include big buttons. (Some models provide amplification up to +50dB) | | | |
| <input type="checkbox"/> | *TTY | | (HH or D or SI) |
| A device with a keyboard and display screen that can be used to send and receive conversations with another TTY user. Calls to and from a non-TTY user may use a relay service. | | | |
| <input type="checkbox"/> | *Large Visual Display (LVD) | | (VI or B) |
| A TTY- or VCO-compatible display screen that is larger and easier to read for people with vision impairment. | | | |
| <input type="checkbox"/> | *Voice Carry Over (VCO) | | (HH or D) |
| A phone that allows the user to speak into the handset and read responses on a display screen. (Some have a keyboard and handset and provide amplification.) | | | |
| This category does not include the captioned phone, which utilizes Captel Relay Service. | | | |
| <input type="checkbox"/> | *Printer for VCO | | (HH or D) |
| A VCO-compatible printer for users requiring a printout script of the displayed text. | | | |
| <input type="checkbox"/> | *Captioned Phone | | (HH or D) |
| A phone that allows use of the Captel Relay Service, enabling user to listen through the handset and simultaneously read the other person's conversation on a display screen. Amplifies up to +35dB. Not available with stand-alone LVD. This is not the same thing as a VCO. | | | |
| <input type="checkbox"/> | *Captioned Phone with USB Port | | (HH or D) and (VI or B) |
| Allows the user to connect the Captioned Phone to a computer in order to view a larger size of text. | | | |
| <input type="checkbox"/> | *Two-Way Paging Device | | (HH or D or SI) |
| A text messaging device that can send and receive wireless messages. Monthly fees and possible credit deposit are not included. Some vendors may require a credit check before activating service. | | | |
| <input type="checkbox"/> | Hearing Carry Over (HCO) | | (SI) |
| User types conversation with a keyboard and hears the response on a handset. May have a display or amplifier. | | | |
| <input type="checkbox"/> | Braille Telecommunication Device | | (HH or D or SI) and (VI or B) |
| Same as the TTY with an attached device that allows the user to read conversations in Braille. | | | |
| <input type="checkbox"/> | Speakerphone | | VI or B or HH or D or UMI or CI |
| A phone with a speaker built into the base or any phone that has a jack for a headset. | | | |

<input type="checkbox"/> Big Button Telephone	VI or B or UMI or CI
A phone with large dialing numbers. Available with brailled numbers and slots for picture insert dialing.	
<input type="checkbox"/> Talk Back Number Dialed Telephone	VI or B or UMI
A phone that vocalizes the numbers being dialed. May have large numbers and/or a volume control.	
<input type="checkbox"/> Remote Controlled Telephone	VI or B or UMI or CI
A phone that allows the user to dial preprogrammed numbers in sequence and answer calls using a remote. May have safety response features.	
<input type="checkbox"/> Hands Free Activated Phone	UMI
A phone that allows the user to dial preprogrammed numbers and answer calls using a remote or soft touch or air switch (may have amplification). When used with a voice dialer, the phone becomes a voice-operated system. (This device is not an answering machine.)	
<input type="checkbox"/> Switch	UMI
For users needing a switch to operate a Hands Free Activated Phone.	
<input type="checkbox"/> Lapel Microphone	WS and UMI
For users with weak speech needing the Hands Free Activated Phone.	
<input type="checkbox"/> Outgoing Voice Amplification Telephone	WS
A phone with volume control capabilities to increase the loudness of the user's weak voice.	
<input type="checkbox"/> Voice Amplification System	WS and UMI
A hands free device with volume control capabilities to adjust the loudness of the user's voice.	
<input type="checkbox"/> Cordless Telephone	LMI
A telephone that allows the user telephone access without being restricted to a single location.	
<input type="checkbox"/> Artificial Larynx	SI
A device placed on the user's neck or in the mouth that produces sound when the user speaks.	
<input type="checkbox"/> Voice Dialer	VI or B or UMI
A device that allows the user to dial preprogrammed numbers by a voice-command.	
<input type="checkbox"/> Headset, Neck Loop, or Cochlear Cord	HH or D or UMI for headset
Any one of the following: a telephone compatible headset, or a cord that transmits the other person's voice directly to a T-coil in the user's hearing aid, or a cochlear implant device.	
<input type="checkbox"/> Dual Ear Headset or Silhouette for Hearing Aid with T-Coil	HH or D
A telephone compatible headset or t-coil compatible silhouette that provides the user with a hands-free conversation while directing the incoming voice into both ears.	
<input type="checkbox"/> Amplified Headset or Neck Loop	HH or D
A headset or neck loop with volume control that adjusts the loudness of the other person's voice. (Some may be cell-phone compatible.)	
<input type="checkbox"/> Bluetooth Compatible Phone Device	HH or D
A wireless communication device that is compatible with some behind-the-ear hearing aids. Contact your hearing aid dealer to determine compatibility.	
<input type="checkbox"/> Ring Signaler	HH or D
A device that alerts the user of an incoming call by causing an attached lamp to flash on and off as the telephone rings and/or increases the loudness of a telephone ring by up to +95 decibels.	
<input type="checkbox"/> Tactile Ring Signaler	(HH or D) and (VI or B)
A device that vibrates when the telephone rings.	
<input type="checkbox"/> Augmentative Communication Device	SI and (CI or UMI)
<i>(contact DHHS for application)</i>	
<input type="checkbox"/> Anti-Stuttering Device	SI
<i>(contact DHHS for application)</i>	

Step 4—Provide a Professional Certification of Your Disability

This part of the application must be completed and signed by one of the following professionals.
The type of professional certifying this application (Enter X to select one):

<input type="checkbox"/> Licensed Hearing Aid Specialist <input type="checkbox"/> Licensed Audiologist <input type="checkbox"/> Licensed Speech Pathologist <input type="checkbox"/> Licensed Social Worker <input type="checkbox"/> Licensed Physician or Nurse	<input type="checkbox"/> State-Certified Teacher of Blind and Visually Impaired, Deaf and Hard of Hearing, Speech Impaired, or Special Education <input type="checkbox"/> Director or Representative of DHHS Service Provider (Contractor) <input type="checkbox"/> Director or Representative of Independent Living Center <input type="checkbox"/> Appropriate State or Federal Agency Representative
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1. Name all disabilities that apply to the applicant and restrict the applicant's telephone access. (Refer to the disability definitions at the end of the Instructions to this form for the criteria that apply to any disabilities that you list.)

2. What is the cause of the disability(ies) named above?

3. Change of Disability

Is the applicant reapplying for a voucher due to a change of disability? Yes No
If yes, complete the following:

a) What device was purchased with a prior voucher? (Refer to Step 3)

b) Explain why the applicant can no longer use the device previously obtained with a voucher.

Certification

As the certifier, I attest to the following:

- I am eligible to certify under the provisions of STAP.
- The device selected on this application is needed to provide the applicant with access to the telephone network.
- I have personally met with the applicant I am certifying and am aware of the extent of the applicant's disability, which is consistent with the requirements of STAP.
- The applicant's age and/or disability do not prevent the applicant from using the selected specialized devices to gain access to the telephone network.
- I understand that STAP may request additional documentation as needed to confirm or supplement any information provided on the application including, but not limited to, physician's statements, medical records, auditory- and/or vision-care professional's records.
- All information I have provided on this application is valid and accurate to the best of my knowledge.

Printed name of certifier:		Name of business:	
Title:		Certification or license number:	
Street address:		City:	State: ZIP code:
Telephone: ()	Fax: ()	Email:	
Signature of certifier (must be original, not a photocopy, facsimile, or stamp): X			Date: