



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

Step 1—Provide Applicant Information

Applicant's full first name:		Middle name:	Last name:	
Street address (P.O. Box is not acceptable):		City:	State: TX	ZIP code:
Home telephone number: ()	Alternate telephone number: ()		Social Security number:	
TX driver's license number:	Birth date:	Email:		

Mailing Address (if different from above)

Name:	If mailing address is not the applicant's, specify the person's relationship to the applicant:			
Address:	City:	State:	ZIP code:	
Parent or legal guardian name:				

Signature. This application must have an original signature—not a photocopy, facsimile, or stamped signature. If you are under the age of 18, the parent or guardian must sign the application.

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 telecommunications device 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 physician's statements or medical records.
- I consent to the applicant speaking to a STAP representative after receiving the specialized telecommunications device to verify that the applicant can access the telephone network with the device received.
- I understand that I have one year from the date the application is processed to provide any required additional information to receive a voucher before I must complete another application to apply for a voucher.
- All information given on this application is true.

Signature of applicant, parent, or legal guardian: X	Printed name:	Date:
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Relationship to applicant (applicant, parent, or legal guardian):

**Mail to: STAP, P.O. Box 12607, Austin, TX 78711
This application form is valid until August 31, 2015
www.dars.state.tx.us/dhhs**

Step 2—Provide Proof of Residency

Include a copy of one of the following as proof of your Texas residency. Document must be current and dated within three months of the date the application is received.

- Texas driver’s license
- vehicle registration card
- Medicaid ID
- voter registration card
- ID card with address
- Medicare Summary
- utility bill (showing address)
- letter on the official letterhead of a residential facility signed by the facility director or supervisor

Proof of residency **must** name the **applicant**, or the **parent**, or the **legal guardian** signing the application **and** show the home address as it appears on the application.

Step 3—Select Device

You must meet the established disability requirements for the device requested.

Note: These disability requirements are defined in the form instructions.

HH = Hard of hearing

D = Deaf

SI = Speech impaired

B = Blind

VI = Visually impaired

UMI = Upper mobility impaired

LMI = Lower mobility impaired

WS = Weak speech

CI = Cognitively impaired

Telecommunication Device or Software

Disability Requirements

Devices 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 to adjust the loudness of the other person’s voice. May be cordless, include big buttons, and provide outgoing voice amplification. Must amplify by at least 40 dB. (Some models amplify by up to 50 dB.) Amplified phones may not be compatible with digital phone lines.		
<input type="checkbox"/>	Amplified Cell Phone	HH or D
A wireless phone with volume control to adjust the loudness of the other person’s voice. May have tone control. Must amplify by at least 20 dB.		
<input type="checkbox"/>	Bluetooth Cell Phone	HH or D
A wireless phone with Bluetooth capability.		
<input type="checkbox"/>	Cell Phone Amplifier	HH or D
A device that connects to a cell phone that increases the loudness of the other person's voice.		
<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.		
<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 with amplification.		
<input type="checkbox"/>	* Two-Way Paging Device	HH or D or SI
A text messaging device with a standard keyboard that sends and receives wireless messages.		
<input type="checkbox"/>	* Captioned Telephone	HH or D
A phone that allows the user to listen through the handset and then read the other person’s words on a display screen with a delay between what is heard and what is displayed. May provide amplification.		
<input type="checkbox"/>	Hearing Carry Over (HCO)	SI
User types on 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, but the device can convert the text typed and received into braille.		

<input type="checkbox"/> Braille Two-Way Paging Device	(HH or D or SI) and (VI or B)
A braille device that may include a cell phone that allows specific cell phones to send text messages using a braille keyboard and braille display.	
<input type="checkbox"/> Speakerphone	VI or B or HH or UMI or CI
A phone with a speaker built into the base.	
<input type="checkbox"/> Big Button Telephone	VI or B or UMI or CI
A phone with large dialing numbers at least ½ square inch, backlit dialing numbers, braille numbers, or slots for picture insert dialing.	
<input type="checkbox"/> Talks Back Number Dialed Telephone	VI or B or UMI
A phone that vocalizes the numbers dialed. May have large numbers, volume control, or Talks Back software.	
<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 or VI
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.	
<input type="checkbox"/> Switch	UMI
A soft touch switch or air switch that is used with 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 voice.	
<input type="checkbox"/> Voice Amplification System	WS and UMI
A hands-free device with volume control capabilities to increase the loudness of the user's voice. If an applicant is not certified as having an UMI, a voucher is issued at a lesser value.	
<input type="checkbox"/> Cordless Telephone	VI or B or LMI
A phone without a cord so that the user is not restricted to a single location.	
<input type="checkbox"/> Artificial Larynx	SI and UMI
A device placed on the user's neck or in the mouth that produces sound when the user speaks. If an applicant is not certified as having an UMI, a voucher is issued at a lesser value.	
<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
A phone-compatible headset that may be T-coil compatible or a cord that is T-coil compatible or works with a user's cochlear implant device. Headset and neck loop may be amplified or Bluetooth compatible.	
<input type="checkbox"/> Bluetooth Compatible Phone Device	HH or D
A device that enables a user's hearing aid to work with a Bluetooth device.	
<input type="checkbox"/> Bluetooth Hub	HH or D
A device that enables a landline phone to work with a Bluetooth device.	
<input type="checkbox"/> Ring Signaler	HH or D
A device that alerts the user of an incoming call with a light that flashes on and off as the phone rings or a device that increases the loudness of a phone ring by up to 95 dB.	
<input type="checkbox"/> Tactile Ring Signaler	D and B
A device that vibrates when the phone rings.	
Contact DHHS for an application for augmentative communication or anti-stuttering devices.	

Step 4—Provide a Professional Certification of Your Disability

This section must be completed by one of the types of professionals listed below.

Applicant's name:	Application number (for DHHS use only):
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Certification. Enter X to select the type of professional person certifying this application.

<input type="checkbox"/> Licensed Hearing Aid Fitter and Dispenser	<input type="checkbox"/> State-Certified Teacher of Blind and Visually Impaired, Deaf and Hard of Hearing, Speech Impaired, or Special Education
<input type="checkbox"/> Licensed Audiologist	<input type="checkbox"/> DARS Rehabilitation Counselor
<input type="checkbox"/> Licensed Speech Pathologist	<input type="checkbox"/> DHHS-Approved Resource Specialist or STAP Specialist
<input type="checkbox"/> Licensed Social Worker	<input type="checkbox"/> DHHS-Approved State or Federal Employee
<input type="checkbox"/> Licensed Physician	<input type="checkbox"/> DHHS-Approved State or Federal Contractor

Print clearly. Do not use abbreviations or acronyms for disabilities or conditions.

1. Provide applicant's disability or disabilities **and** describe the severity of telephone-access restriction.

2. Is the applicant reapplying for a voucher because of a **change of disability**? Yes No
 If yes, name the STAP device purchased and explain why the applicant cannot use the previous device:

Certification

As the certifier, I attest to the following:

- I am eligible to certify under the provisions of STAP.
- I have personally met with the applicant and have assessed the applicant's disability to determine that he or she is eligible, in accordance with the STAP eligibility criteria.
- I have determined that the applicant will be able to benefit from the specialized telecommunications device recommended above to access the telephone network and that the applicant's age or disability does not prevent him or her from using the selected specialized telecommunications device to gain access to the telephone network.
- I understand that STAP may request additional documentation from me, the applicant, or other sources to confirm or supplement any information provided on the application, including physician's statements, medical records, or a copy of my license or certificate.
- I understand that if I have violated or if I am suspected of violating any DARS policy or laws related to the STAP, including certifying applicants who cannot access the telephone networks with the device requested, that I may no longer be authorized to certify applications, and that if I have committed or am suspected of committing such violations, I may be referred to my licensing agency.
- 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:
Telephone: ()		Fax: ()	Email:
Signature of certifier (must be original, not a photocopy, facsimile, or stamp): X			Date: