



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 (PO 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:	

Parent or legal guardian name:

Mailing Address (if different from above)

Name:

Address:	City:	State:	ZIP code:
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If you provide a **different mailing address**, or a **parent or guardian signs** the application, then enter X to select one: Applicant (PO Box) Guardian or family member

Specify the person's relationship to the applicant:

Signature. Unless the applicant signs the application or provides proof of residency in the applicant's name, the same person must both sign the application and provide proof of residency. 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 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 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 physician's statements or medical records.
- All information given on this application is true.

Signature of applicant, parent, or legal guardian: X	Printed name:	Date:
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Mail to: STAP, PO Box 12607, Austin, TX 78711
This application form is valid until August 31, 2012
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 3 months of the date the application is signed.

- 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, parent, or 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:

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.

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.

Bluetooth Cell Phone

HH or D

A wireless phone with Bluetooth capability.

***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.

***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.

***Two-Way Paging Device**

HH or D or SI

A text messaging device with a standard keyboard that sends and receives wireless messages.

***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.

Hearing Carry Over (HCO)

SI

User types on a keyboard and hears the response on a handset. May have a display or amplifier.

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.

Speakerphone	VI or B or HH or UMI or CI
A phone with a speaker built into the base.	
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.	
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.	
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.	
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.	
Switch	UMI
A soft touch switch or air switch that is used with the Hands-Free Activated Phone.	
Lapel Microphone	(WS and UMI) or (WS and VI)
A device used with the Hands-Free Activated Phone to increase the loudness of the user's voice.	
Outgoing Voice Amplification Telephone	WS
A phone with volume control capabilities to increase the loudness of the user's voice.	
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.	
Cordless Telephone	VI or B or LMI
A phone without a cord so that the user is not restricted to a single location.	
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.	
Voice Dialer	VI or B or UMI
A device that allows the user to dial preprogrammed numbers by a voice command.	
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.	
Bluetooth Compatible Phone Device	HH or D
A device that enables a user's hearing aid to work with a Bluetooth device.	
Bluetooth Hub	HH or D
A device that enables a landline phone to work with a Bluetooth device.	
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.	
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 certifying this application.

Licensed Hearing Aid Fitter and Dispenser	State-Certified Teacher of Blind and Visually Impaired, Deaf and Hard of Hearing, Speech Impaired, or Special Education
Licensed Audiologist	DARS Rehabilitation Counselor
Licensed Speech Pathologist	DHHS-Approved Resource Specialist or STAP Specialist
Licensed Social Worker	DHHS-Approved State or Federal Employee
Licensed Physician	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.
- The device selected 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 or disability does 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 to confirm or supplement any information provided on the application, including physician's statements, medical records, or a copy of my license or certificate.
- 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: