



Step 1 - Provide Applicant Information

Applicant's first name:		Middle name:		Last name:	
Street address (PO Box is not acceptable):			City:		State: TX
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, 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, 2011
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 • ID card with address • utility bill (showing address)
- voter registration card • vehicle registration card • Medicaid ID • Medicare Summary
- 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

WS = Weak speech

UMI = Upper mobility impaired

LMI = Lower mobility impaired

CI = Cognitively impaired

Telecommunication Device or Software

Disability Requirements

Select device needed. Devices with an asterisk (*) may require you to place calls through a relay service.

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'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.

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 D 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 1/2 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"/> Lapel Microphone	WS and UMI
A device used with the Hands-Free Activated Phone to increase the loudness of the user's voice.	
<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.	
<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
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
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	(HH or D) and (VI or 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):

Certification. Select the type of professional certifying this application.

- | | |
|---|--|
| <input type="checkbox"/> Licensed Hearing Aide 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.
- 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 as needed 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:

ZIP code:

Telephone:

Fax:

Email:

Signature of certifier (must be original, not a photocopy, facsimile, or stamp):

Date:

X