

**Application for  
Specialized Telecommunications  
Assistance Program (STAP)**

**Step 1 - Provide Applicant Information**

Applicant's first name:		Middle name:		Last name:	
Street address (PO Box is not acceptable):			City:		State: 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, 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:		Printed name:		Date:
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**Mail to: STAP, PO Box 12607, Austin, TX 78711**  
**This application form is valid until August 31, 2010**  
[www.dars.state.tx.us/dhhs](http://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:

- 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.

## 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.

**\*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.

**\*Large Visual Display (LVD) for TTY or Voice Carry Over (VCO)** **VI or B**

A display screen for a TTY or VCO to make the other person's conversation larger and easier to read.

**\*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.

**\*Captioned Phone** **HH or D**

A phone that allows the user to listen through the amplified handset and read the other person's conversation on a display screen.

**\*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.

**Big Button Telephone** **VI or B or UMI or CI**

A phone with large dialing numbers. Available with braille numbers and slots for picture insert dialing.

<input type="checkbox"/> <b>Talks Back Number Dialed Telephone</b>	<b>VI or B or UMI</b>
A phone that vocalizes the numbers dialed. May have large numbers, volume control, or Talks Back software.	
<input type="checkbox"/> <b>Remote Controlled Telephone</b>	<b>VI or B or UMI or CI</b>
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"/> <b>Hands-Free Activated Phone</b>	<b>UMI or VI</b>
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"/> <b>Switch</b>	<b>UMI</b>
A soft touch switch or air switch that is used with the Hands-Free Activated Phone.	
<input type="checkbox"/> <b>Lapel Microphone</b>	<b>WS and UMI</b>
A device used with the Hands-Free Activated Phone to increase the loudness of the user's voice.	
<input type="checkbox"/> <b>Outgoing Voice Amplification Telephone</b>	<b>WS</b>
A phone with volume control capabilities to increase the loudness of the user's voice.	
<input type="checkbox"/> <b>Voice Amplification System</b>	<b>WS and UMI</b>
A hands-free device with volume control capabilities to increase the loudness of the user's voice.	
<input type="checkbox"/> <b>Cordless Telephone</b>	<b>VI or B or LMI</b>
A phone without a cord so that the user is not restricted to a single location.	
<input type="checkbox"/> <b>Artificial Larynx</b>	<b>SI</b>
A device placed on the user's neck or in the mouth that produces sound when the user speaks.	
<input type="checkbox"/> <b>Voice Dialer</b>	<b>VI or B or UMI</b>
A device that allows the user to dial preprogrammed numbers by a voice command.	
<input type="checkbox"/> <b>Headset, Neck Loop, or Cochlear Cord</b>	<b>HH or D or UMI for headset</b>
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.	
<input type="checkbox"/> <b>Amplified Headset System or Amplified Neck Loop</b>	<b>HH or D</b>
A headset or neck loop with volume control that adjusts the loudness of the other person's voice.	
<input type="checkbox"/> <b>Bluetooth Compatible Phone Device</b>	<b>HH or D</b>
A device that enables a user's hearing aid to work with a Bluetooth device.	
<input type="checkbox"/> <b>Bluetooth Hub</b>	<b>HH or D</b>
A device that enables a landline phone to work with a Bluetooth device.	
<input type="checkbox"/> <b>Ring Signaler</b>	<b>HH or D</b>
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"/> <b>Tactile Ring Signaler</b>	<b>(HH or D) and (VI or B)</b>
A device that vibrates when the phone rings.	
<input type="checkbox"/> <b>T-Coil Compatible Phone</b>	<b>HH or D</b>
A phone that transmits incoming sound directly to a T-coil in the user's hearing aid. May not be combined with any voucher other than a ring signaler.	

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.

Licensed Hearing Aide 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:

A DARS3926, Change of Disability, must also be completed. Contact [stap@dars.state.tx.us](mailto:stap@dars.state.tx.us) for this form.

### Certification

As the certifier, I attest to the following:

- I am eligible to certify under the provisions of STAP.
- The device selected on this form 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.
- 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: