



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

**Step 1—Provide Applicant Information**

Applicant's full first name:	Middle name:	Last name:
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Street address (P.O. Box is not acceptable):	City:	State: TX	ZIP code:
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Home telephone number: ( )	Alternate telephone number: ( )
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TX driver's license number:	Birth date:	Email:
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**Mailing address (if different from above)**  
Name:  
If the mailing address is not the applicant's, specify the person's relationship to the applicant:

Address:	City:	State:	ZIP code:
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Parent's or legal guardian's name:

**Signature.** This application must have an original signature—not a photocopy, facsimile, or stamped signature. If you are under 18, your 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.

Applicant's, parent's, or legal guardian's signature: <b>X</b>	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, 2018**  
[hhs.texas.gov/services/disability/deaf-hard-hearing](http://hhs.texas.gov/services/disability/deaf-hard-hearing)

### 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
- Voter registration card
- Utility bill (showing address)
- Vehicle registration card
- ID card with address
- Letter on the official letterhead of a residential facility signed by the facility director or supervisor

**Note:** 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.

- |                                      |                               |                                      |
|--------------------------------------|-------------------------------|--------------------------------------|
| <b>HH</b> = Hard of hearing          | <b>D</b> = Deaf               | <b>SI</b> = Speech impaired          |
| <b>B</b> = Blind                     | <b>VI</b> = Visually impaired | <b>UMI</b> = Upper mobility impaired |
| <b>LMI</b> = Lower mobility impaired | <b>WS</b> = Weak speech       | <b>CI</b> = Cognitively impaired     |

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

Enter X to select device needed:

<b>Amplified Phone</b>	<b>HH or D</b>
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.	
<b>Amplified Cell Phone</b>	<b>HH or D</b>
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.	
<b>Bluetooth Cell Phone</b>	<b>HH or D</b>
A wireless phone with Bluetooth capability.	
<b>Cell Phone Amplifier</b>	<b>HH or D</b>
A device that connects to a cell phone that increases the loudness of the other person's voice.	
<b>* TTY</b>	<b>HH or D or SI</b>
A device with a keyboard and display screen that can be used to send and receive conversations with another TTY user.	
<b>* Voice Carry Over (VCO)</b>	<b>HH or D</b>
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.	
<b>* Two-Way Texting Device</b>	<b>HH or D or SI</b>
A text messaging device with a standard keyboard that sends and receives wireless messages.	
<b>Hearing Carry Over (HCO)</b>	<b>SI</b>
User types on a keyboard and hears the response on a handset. May have a display or amplifier.	
<b>Braille Telecommunication Device</b>	<b>(HH or D or SI) and (VI or B)</b>
Same as the TTY, but the device can convert the text typed and received into braille.	
<b>Braille Two-Way Texting Device</b>	<b>(HH or D or SI) and (VI or B)</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.	

<b>Speakerphone</b>	<b>VI or B or HH or UMI or CI</b>
A phone with a speaker built into the base.	
<b>Big Button Telephone</b>	<b>VI or B or UMI or CI</b>
A phone with large dialing numbers at least ½ square inch, backlit dialing numbers, braille numbers, or slots for picture insert dialing.	
<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.	
<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.	
<b>Hands-Free Activated Phone</b>	<b>UMI</b>
A phone that allows the user to dial preprogrammed numbers and answer calls using voice activation technology.	
<b>Outgoing Voice Amplification Telephone</b>	<b>WS</b>
A phone with volume control capabilities to increase the loudness of the user's voice.	
<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. If an applicant is not certified as having an UMI, a voucher may be issued at a lesser value.	
<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.	
<b>Artificial Larynx</b>	<b>SI and UMI</b>
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 may be issued at a lesser value.	
<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.	
<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. Headset and neck loop may be amplified or Bluetooth compatible.	
<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.	
<b>Bluetooth Hub</b>	<b>HH or D</b>
A device that enables a landline phone to work with a Bluetooth device.	
<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.	
<b>Tactile Ring Signaler</b>	<b>D and B</b>
A device that vibrates when the phone rings.	
Contact DHHS for an application for augmentative communication or anti-stuttering devices.	
<b>Step 4—Provide a Professional Certification of Your Disability</b>	
This section must be completed by one of the types of professionals listed below.	
Applicant's name:	Application number (for DHHS use only):
<b>Certification.</b> Enter X to select the type of professional person 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	TWC rehabilitation counselor
Licensed speech pathologist	DHHS-contracted outreach STAP specialist
Licensed social worker	DHHS-approved specialist working in a disability-related field
Licensed physician or advanced practice registered nurse	

**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 HHS 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:    ZIP code:
Telephone: (    )	Fax: (    )	Email:	
Certifier's signature (must be original, not a photocopy, facsimile, or stamp): <b>X</b>			Date: