



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

### DARS3906 Instructions

**Note:** In these instructions and on the form DARS3906, the terms “you” and “your” refer to the applicant, i.e., the person needing the device; and “we” and “our” refer to the Office for Deaf and Hard of Hearing Services (DHHS).

#### **Mailing Instructions**

Mail your application and proof of residency to

STAP  
PO Box 12607  
Austin, TX 78711.

We will **not** accept applications by fax or email.

Have questions? Call us at (512) 407-3250 (Voice), or (512) 407-3251 (TTY) or email at [stap@dars.state.tx.us](mailto:stap@dars.state.tx.us).

#### **Step 1—Provide applicant information.**

The applicant’s **name** must be the

- name of the person needing the device, and
- same name as shown on the proof of residency (see Step 2 for an exception).

The applicant’s **address** must

- include the street address (a PO box is **not** acceptable), and
- be located in Texas.

The mailing address, if any,

- must include a full address, and
- may be a PO box.

If you move before receiving your voucher, you must provide our office with the new address. We will mail vouchers only to you or to your immediate family member or guardian.

One voucher per household. Some exceptions apply; please contact our office for more information.

#### **Your signature**

- must be original, and
- may not be a photocopy, facsimile, or stamped signature.

The application must be complete.

#### **Step 2—Provide proof of Texas residency.**

Include a copy of one of the authorizing documents listed on the application. This document must

- not be expired, and
- show your address.

**Exception:** If a parent or guardian is submitting the application for you, the **proof of residency** may be in the name of the **person who signs the application**.

If you submit a copy of a utility bill or a Medicaid or Medicare document, it must have been issued to you, your parent, or guardian within the last three months before the date we receive the application.

### **Step 3—Select one device that you need for telephone access.**

You must meet the minimum disability requirements for the selected device(s). These requirements are located to the right of each device listing, and they are defined at the end of these instructions. Most individuals are eligible to receive one device; however, some applicants may also require a signaling device and/or a combination of compatible devices to achieve one type of basic telephone access.

### **Step 4—Provide a professional certification of your disability.**

The certifier must

- fill in the requested certifier information,
- answer questions 1–3, and
- sign the application.

The application must be complete and have the certifier's **original** signature. **Photocopies, facsimiles, or stamped signatures are not acceptable.**

**Change of Disability.** If you have received a device through STAP within the last five years and are reapplying for a different device, the certifier must explain why the previous device you received no longer provides adequate telephone network access.

### **Disability Definitions as They Relate to Telephone Access**

A person described as having one or more of the following disabilities must have the limitations described below that impair or prevent telephone access.

**Deaf**—Unaided severe to profound hearing loss in the better ear, resulting in the inability to benefit from phone amplification.

**Hard of Hearing**—Hearing loss in both ears severe enough to necessitate the use of amplification devices to hear oral communication over telephone lines.

**Visually Impaired**—Visual field or acuity loss severe enough to interfere with telephone utilization even with corrective lenses.

**Blind**—Visual acuity of 20/200 or less or field angle vision of less than 20 degrees, in the better and unaided eye.

**Cognitively Impaired**—A physical or mental condition that substantially limits a person's ability to dial a series of numbers and/or interpret information to the extent necessary in order to use a standard telephone.

**Speech Impaired**—Inarticulate speech that substantially limits a person's ability to use a standard phone. (Additional documentation is required if you are requesting an anti-stuttering or augmentative communication device.)

**Weak Speech**—Inaudible speech that substantially limits a person's ability to use a standard phone.

**Upper Mobility Impaired**—A physical impairment that substantially limits a person's ability to grip, lift, and/or hold a handset, or dial a telephone.

**Lower Mobility Impaired**—A physical impairment that substantially limits a person's ability to get to the phone due to extreme shortness of breath or limited or nonexistent walking capabilities.



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**Step 1—Provide Applicant Information**

Applicant's first name:	Middle name:	Last name:	
Street address:	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)**

If you provide a different mailing address, specify whose address it is and the person's relationship to the applicant. Enter X to select one:      Applicant's (PO box)      Guardian's  
 Family member's    If family, specify relationship to applicant: \_\_\_\_\_

Name:			
Address:	City:	State:	ZIP code:

**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.)

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, but not limited to, physician's statements, medical records, auditory- or vision-care professional's records.
- All information given on this application is true.

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 named above must sign the application.

Signature of Applicant, Parent, or Legal Guardian: <b>X</b>	Printed name:	Date:
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**Mail to: STAP, P.O. Box 12607, Austin, TX 78711**  
**This application form is valid until August 31, 2008**

## 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)
- Medicaid ID
- voter registration card
- vehicle registration card
- Medicare Summary
- letter on official letterhead (signed by residential facility supervisor or director)

Proof of residency must name the applicant, parent, or legal guardian and show the home address.

## Step 3—Select Device

**Select one device that you need for telephone access.**

Some individuals may require a combination of **compatible devices** to use the primary device selected to achieve basic phone access (for example, **TTY** and **ring signaler**).

**You must meet the established disability requirements for the device requested.** (Note: these disability requirements are defined in the instructions to this form.)

**HH** = Hard of hearing; **D** = Deaf; **SI** = Speech impaired; **WS** = Weak Speech; **B** = Blind; **VI** = Visually impaired; **UMI** = Upper mobility impaired; **LMI** = Lower mobility impaired; **CI** = Cognitively impaired

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

Enter X to select device needed:

<p><b>Amplified phone</b> <span style="float: right;">(HH or D)</span></p> <p>A phone with volume control capabilities to adjust the loudness of the other person's voice. May be cordless and may include big buttons. Must amplify by at least 30dB. (Some models amplify by up to 50dB)</p>
<p><b>*TTY</b> <span style="float: right;">(HH or D or SI)</span></p> <p>A device with a keyboard and display screen that can be used to send and receive conversations with another TTY user. Calls to and from a non-TTY user may use a relay service.</p>
<p><b>*Large Visual Display (LVD)</b> <span style="float: right;">(VI or B)</span></p> <p>A TTY- or VCO-compatible display screen that is larger and easier to read for people with vision impairment.</p>
<p><b>*Voice Carry Over (VCO)</b> <span style="float: right;">(HH or D)</span></p> <p>A phone that allows the user to speak into the handset and read responses on a display screen. (Some have a keyboard and handset and provide amplification and/or are available with a port for a printer or lvd.) This category does not include the captioned phone, which utilizes Captel Relay Service.</p>
<p><b>*Printer for VCO</b> <span style="float: right;">(HH or D)</span></p> <p>A VCO-compatible printer for users requiring a printout script of the displayed text.</p>
<p><b>*Captioned Phone</b> <span style="float: right;">(HH or D)</span></p> <p>A phone that allows use of the Captel Relay Service, enabling user to listen through the handset and <b>simultaneously</b> read the other person's conversation on a display screen. Amplifies up to 35dB. Not available with stand-alone LVD. This is not the same thing as a VCO.</p>
<p><b>*Captioned Phone with USB Port</b> <span style="float: right;">(HH or D) and (VI or B)</span></p> <p>Allows the user to connect the Captioned Phone to a computer in order to view a larger size of text.</p>
<p><b>*Two-Way Paging Device</b> <span style="float: right;">(HH or D or SI)</span></p> <p>A text messaging device that can send and receive wireless messages. Monthly fees and possible credit deposit are not included. Some vendors may require a credit check before activating service.</p>
<p><b>Hearing Carry Over (HCO)</b> <span style="float: right;">(SI)</span></p> <p>User types conversation with a keyboard and hears the response on a handset. May have a display or amplifier.</p>
<p><b>Braille Telecommunication Device</b> <span style="float: right;">(HH or D or SI) and (VI or B)</span></p> <p>Same as the TTY with an attached device that allows the user to read conversations in braille.</p>

<b>Speakerphone</b>	<b>VI or B or HH or D 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. Available with brailled numbers and slots for picture insert dialing.	
<b>Talk Back Number Dialed Telephone</b>	<b>VI or B or UMI</b>
A phone that vocalizes the numbers being dialed. May have large numbers and/or a volume control.	
<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 a remote or soft touch or air switch (may have amplification). When used with a voice dialer, the phone becomes a voice-operated system. (This device is not an answering machine.)	
<b>Switch</b>	<b>UMI</b>
For users needing a switch to operate a Hands Free Activated Phone.	
<b>Lapel Microphone</b>	<b>WS and UMI</b>
For users with weak speech needing the Hands Free Activated Phone.	
<b>Outgoing Voice Amplification Telephone</b>	<b>WS</b>
A phone with volume control capabilities to increase the loudness of the user's weak voice.	
<b>Voice Amplification System</b>	<b>WS and UMI</b>
A hands-free device with volume control capabilities to adjust the loudness of the user's weak voice.	
<b>Cordless Telephone</b>	<b>VI or B or LMI</b>
A telephone that allows the user telephone access without being restricted to a single location.	
<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.	
<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>
Any one of the following: a telephone compatible headset, or a cord that transmits the other person's voice directly to a T-coil in the user's hearing aid, or a cochlear implant device.	
<b>Dual Ear Headset or Silhouette for Hearing Aid with T-Coil</b>	<b>HH or D</b>
A telephone compatible headset or hearing aid T-coil compatible silhouette that provides the user with a hands-free conversation while directing the incoming voice into both ears.	
<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. (Some may be cell-phone compatible.)	
<b>Bluetooth-Compatible Phone Device</b>	<b>HH or D</b>
A wireless communication device that can be used with Bluetooth-compatible mobile phones. Contact your audiologist or hearing aid dispenser to determine compatibility.	
<b>Ring Signaler</b>	<b>HH or D</b>
A device that alerts the user of an incoming call by causing an attached lamp to flash on and off as the telephone rings and/or increases the loudness of a telephone ring by up to 95 decibels.	
<b>Tactile Ring Signaler</b>	<b>(HH or D) and (VI or B)</b>
A device that vibrates when the telephone rings.	
Contact DHHS for an application for augmentative communication or anti-stuttering devices.	

### Step 4—Provide a Professional Certification of Your Disability

Applicant's name:	Application number (for DHHS use only):		
This part of the application must be completed and signed by one of the following professionals. The type of professional certifying this application (Enter X to select one):			
Licensed Hearing Aid Specialist Licensed Audiologist Licensed Speech Pathologist Licensed Social Worker Licensed Physician or Nurse	State-Certified Teacher of Blind and Visually Impaired, Deaf and Hard of Hearing, Speech Impaired, or Special Education Director or Representative of DHHS Service Provider (Contractor) Director or Representative of Independent Living Center (member of the Texas State Independent Living Council) Appropriate State or Federal Agency Representative		
Print clearly. Illegible information may be returned for clarification, requiring more time to process the application.			
1. Name all disabilities that apply to the applicant and restrict the applicant's telephone access. (Refer to the disability definitions at the end of the Instructions to this form for the criteria that apply to any disabilities that you list.)			
2. What is the cause of the disability(ies) named above?			
3. Change of Disability Is the applicant reapplying for a voucher due to a change of disability?      Yes      No If yes, complete the following: a) What device was purchased with a previous voucher? (Refer to Step 3)  b) Explain why the applicant can no longer use the device obtained with the previous voucher.			
<b>Certification</b>			
As the certifier, I attest to the following: <ul style="list-style-type: none"> <li>I am eligible to certify under the provisions of STAP.</li> <li>The device selected on this application is needed to provide the applicant with access to the telephone network.</li> <li>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.</li> <li>The applicant's age and/or disability do not prevent the applicant from using the selected specialized devices to gain access to the telephone network.</li> <li>I understand that STAP may request additional documentation as needed to confirm or supplement any information provided on the application including, but not limited to, physician's statements, medical records, auditory- and/or vision-care professional's records.</li> <li>All information I have provided on this application is valid and accurate to the best of my knowledge.</li> </ul>			
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): <b>X</b>		Date: