TEXAS Health and Human Services

Form 3906
November 2022-E

Office of Deaf and Hard of Hearing Services (ODHHS)

Application for Specialized Telecommunications Assistance Program (STAP)

Step 1 – Provide Applicant Information

Denotes a required field.

*Applicant First Name:	Middle Name:	*Last Name:

*Applicant Street Address (P.O. Box is not acceptable):	*City:	*State:	*ZIP Code:

*Home Phone No.:	Alternate Phone No.:	TX Driver's License or TX ID No:	*Birth Date:

Email Address:	Parent's or Legal Guardian's Name:

Mailing Address if different from above (P.O. Boxes are accepted)**:**

Mail to Name:

If the mailing address is not the applicant's, specify the person's relationship to the applicant:

Mailing Address (Street, City, State and ZIP Code):

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 is at least 5 years old.
- Due to a disability, the applicant requires a specialized telecommunications device to access the phone network.
- The device selected will enable the applicant to access the phone 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 phone 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, Parent or Legal Guardian Signature (must be original, not a photocopy, facsimile, or stamp):

*Printed Name:	*Date:

*Relationship to Applicant (applicant, parent or legal guardian):

Mail to: STAP, P.O. Box 12607, Austin, TX 78711
This application form is valid until Aug. 31, 2024
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.

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

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

	Telecommunication Device or Software	Disability Requirements
☐	**Amplified Phone –** 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.	**HH** or **D**
☐	**Amplified Cell Phone –** 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.	**HH** or **D**
☐	**Bluetooth Cell Phone –** A wireless phone with Bluetooth capability.	**HH** or **D**
☐	**Cell Phone Amplifier –** A device that connects to a cell phone that increases the loudness of the other person's voice.	**HH** or **D**
☐	*** TTY –** A device with a keyboard and display screen that can be used to send and receive conversations with another TTY user.	**HH** or **D** or **SI**
☐	*** Voice Carry Over (VCO) –** 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.	**HH** or **D**
☐	*** Two-Way-Texting Device –** A text messaging device with a standard keyboard that sends and receives wireless messages.	**HH** or **D** or **SI**
☐	**Hearing Carry Over (HCO) –** User types on a keyboard and hears the response on a handset. May have a display or amplifier.	**SI**
☐	**Braille Telecommunication Device –** Same as the TTY, but the device can convert the text typed and received into braille.	(**HH** or **D** or **SI**) and (**VI** or **B**)
☐	**Braille Two-Way Texting Device –** A braille device that may include a feature that allows specific cell phones to send text messages using a braille keyboard and braille display.	(**HH** or **D** or **SI**) and (**VI** or **B**)
☐	**Speakerphone –** A phone with a speaker built into the base.	**VI** or **B** or **HH** or **UMI** or **CI**
☐	**Big Button Telephone –** A phone with large dialing numbers at least ½ square inch, backlit dialing numbers, braille numbers, or slots for picture insert dialing.	**VI** or **B** or **UMI** or **CI**
☐	**Talks Back Number Dialed Telephone –** A phone that vocalizes the numbers dialed. May have large numbers, volume control, or Talks Back software.	**VI** or **B** or **UMI**

	Telecommunication Device or Software	Disability Requirements
☐	**Remote Controlled Telephone –** A phone that allows the user to dial preprogrammed numbers in sequence and answer calls using a remote. May have safety response features.	**VI** or **B** or **UMI or CI**
☐	**Hands-Free Activated Phone –** A phone that allows the user to dial preprogrammed numbers and answer calls using voice activation technology.	**UMI**
☐	**Outgoing Voice Amplification Telephone –** A phone with volume control capabilities to increase the loudness of the user's voice.	**WS**
☐	**Cordless Telephone –** A phone without a cord so that the user is not restricted to a single location.	**VI** or **B** or **LMI**
☐	**Anti-Stuttering Device –** Provides the user with Delayed Audio Feedback (DAF) and Frequency Shifted Audio Feedback (FAF). If an applicant is not certified as having a UMI, a voucher may be issued at a lesser value.	**SI** and **UMI**
☐	**Artificial Larynx –** A device placed on the user's neck or in the mouth that produces sound when the user speaks.	**SI** and/or **UMI**
☐	**Voice Dialer –** A device that allows the user to dial preprogrammed numbers by a voice command.	**VI** or **B** or **UMI**
☐	**Headset, Neck Loop, or Cochlear Cord –** 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.	**HH** or **D** or **UMI** for headset
☐	**Bluetooth Compatible Phone Device –** A device that enables a user's hearing aid to work with a Bluetooth device.	**HH** or **D**
☐	**Bluetooth Hub –** A device that enables a landline phone to work with a Bluetooth device.	**HH** or **D**
☐	**Ring Signaler –** 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.	**HH** or **D**
Contact ODHHS for an application for augmentative communication (speech generating) 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 Name:	Applicant No. (for ODHHS use only):

Certification. Check to select the type of professional person certifying this application.

- ☐ HHSC contracted IL Specialist
- ☐ Licensed audiologist
- ☐ Licensed hearing aid fitter and dispenser
- ☐ Licensed optometrist
- ☐ Licensed social worker
- ☐ Licensed speech pathologist
- ☐ Licensed physician or advanced practice registered nurse
- ☐ TWC rehabilitation counselor
- ☐ ODHHS-approved specialist working in a disability-related field
- ☐ ODHHS-contracted outreach STAP specialist
- ☐ State-certified teacher of blind and visually impaired, deaf and hard of hearing, speech impaired, or special education

Print clearly. Do not use abbreviations or acronyms for disabilities or conditions.

1. Provide applicant's disability or disabilities and describe the severity of phone-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 phone 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 phone 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 phone 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 No.	Phone No.	Fax No.
Address *(Street, City, State and ZIP Code)*			
Email			
Certifier Signature *(must be original, not a photocopy, facsimile, or stamp)*			**Date**