



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

Step 1—Provide Applicant Information

Applicant's full first name:		Middle name:	Last name:	
Street address (P.O. Box is not acceptable):		City:	State: TX	ZIP code:
Home telephone number: ()		Alternate telephone number: ()		
TX driver's license number:	Birth date:		Email:	

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: X	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, 2017

www.hhsc.state.tx.us

Free Android Tablet Request Form

To qualify for the free android tablet and/or free captioning amplified telephone you must be able to answer “YES” to the questions below:

Yes No My name is correct on the request form.

(Note maiden name/married name discrepancies)

Yes No My physical address is correct on the request form.

(FedEx & UPS won't deliver to a P.O.Box or incorrect address. Address must match proof below)

Yes No Do you live in Texas?

(Free Android Tablets and/or Free Amplified Caption Phones are for Texas residents only)

Yes No Are you 18+ years old?

(If NO, it's okay, but a parent or guardian must complete the form on your behalf)

Yes No Do you have difficulty hearing/communicating on the telephone requiring

amplification? (Do you turn up the volume on your telephone to hear? Do you listen hands free in order to follow the conversation? Is it particularly difficult for you to understand high pitched voices, such as child or female voices over the telephone etc.? The “2-way texting device” a.k.a. android tablet is an assistive device to aid, augment and facilitate telephone useage)

Yes No I have included a photocopy showing proof of my current physical address.

(One of the following: Texas driver's license, Voter registration card, Utility bill – showing address, Vehicle registration card, ID card with address, Medicaid ID, Medicare letter, Letter on letterhead of a residential facility, Rental agreement with address, Bank statement, etc.)

Yes No My phone number(s) is/are correct on the request form.

(Phone # 1 _____ Phone # 2 _____)

Yes No My email (if I have one) is correct.

Email: _____

(Though not necessary to get a free android tablet; it is **HIGHLY RECOMMENDED** that you get a free **Google+ AND Gmail email account {Now!}** as the free android tablet works best when utilizing these free softwares and you will need sign in info to configure your android tablet)

*OPTIONAL: Yes No I was referred by someone whose name is: _____

*OPTIONAL: Yes No **I AM DEAF** and cannot communicate over a telephone.

*OPTIONAL: Yes No **I AM NOT DEAF** but my hearing is so impaired that I also request an amplified captioning telephone.

Sign name

Print name

Date

RETURN: Both original sheets of this request form and your proof of physical Texas address to:

Dan Harville
P.O. Box 313
McLeod, TX 75565

(Voicemail & Text: 430.201.4888)