



Division for Rehabilitation Services
Office for Deaf and Hard of Hearing Services
**Application for
Specialized Telecommunications
Assistance Program (STAP)**
Speech Generating Device and/or Special Request

DARS3907 Instructions

Note: In these instructions and on the form DARS3907, the terms “you” and “your” refer to the applicant, who is the person needing the device; and “we” and “our” refer to the Office for Deaf and Hard of Hearing Services (DHHS).

Print clearly. Illegible information may be returned for clarification. The application must be complete.

Mailing Instructions

We do not accept expired applications; the expiration date is on the bottom of page one of the application.

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.

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

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

If you live in a rural area where a box number identifies your home residence, name the 9-1-1 physical address description provided to you by your local post office and use the mailing address space for your box number.

If supplying a **different** mailing address, show whose address is being supplied and that person’s relationship to the applicant. The additional mailing address 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. **Vouchers are only mailed 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.

If the applicant is unable to sign name and uses an “X” for signature, the signature should be witnessed and the witness should also sign and date the signature.

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

- answer questions 1–11,
- fill in the requested certifier information, and
- sign the application.

If you are requesting an ACD Level 1–3, the certifier must also complete questions 12–16. The application must be complete and have the certifier's **original** signature—a photocopy, facsimile, or stamped signature is **not** acceptable. You may **not** certify your own application. We do **not** mail vouchers to the certifier.

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.

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.

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.

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.

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.)

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.

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

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