TEXAS Health and Human Services

Form 3906
September 2026

Deaf and Hard of Hearing Services

Application for Specialized Telecommunications Assistance Program

The Specialized Telecommunications Assistance Program (STAP) provides financial assistance to get telecommunications devices for people with a disability that interferes with access to the phone.

Section 1 – Applicant Information

***Denotes a required field.**

*Applicant First Name	Middle Name	*Last Name	*Birth Date	
*Applicant Street Address, P.O. Box is not acceptable		*City	*State	*ZIP Code
*Home Area Code and Phone No.	Alternate Area Code and Phone No.	Texas Driver License or Texas ID No.		
Applicant Email Address		Parent's or Legal Guardian's Name		

Mailing Address if different from above, P.O. Boxes are accepted**.**

Mail to Name	Specify the person's relationship to the applicant if the mailing address is not the applicant's.
Mailing Street Address, City, State and ZIP Code	

Signature

This application must have an original signature, not a photocopy, facsimile or stamped signature. Your parent or guardian must sign the application if you are younger than 18. 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.
- The applicant requires a specialized telecommunications device to access the phone network because of a disability.
- The device selected will enable the applicant to access the phone network.
- I understand STAP may request more documents as needed to confirm or supplement any information provided on the application. This includes physician's statements or medical records.
- I consent to the applicant speaking to a STAP representative after receiving the specialized telecommunications device. This is to verify the applicant can access the phone network with the device received.
- I understand I have one year from the date the application is processed to provide any more required information to receive a voucher before I must complete another application for a voucher.
- All information given on this application is true.

Signature must be original, not a photocopy, facsimile or stamp.

***Applicant, Parent or Legal Guardian Printed Name**

***Relationship to Applicant, Parent or Legal Guardian**

***Applicant, Parent or Legal Guardian Signature**

***Date**

Mail to:
STAP
P.O. Box 12607
Austin, TX 78711

This application form is valid until Aug. 31, 2027.
hhs.texas.gov/services/disability/deaf-hard-hearing

Section 2 – Proof of Residency

Applicants must provide proof of residency. Include a copy of one of the following as proof of Texas residency. Document must be current and dated within three months of the date the application is received:

- Texas Driver License
- Voter Registration Card
- Utility Bill that shows 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**, the **parent** or the **legal guardian** signing the application. It must show the home address as it appears on the application.

Section 3 – Select Device

You must meet the established disability requirements for the device requested. **Note**: These disability requirements are defined in the form instructions.

Disability Requirement Acronyms:

- **(B)** Blind
- **(CI)** Cognitively Impaired
- **(D)** Deaf
- **(HH)** Hard of Hearing
- **(LMI)** Lower Mobility Impaired
- **(SI)** Speech Impaired
- **(UMI)** Upper Mobility Impaired
- **(VI)** Visually Impaired
- **(WS)** Weak Speech

Note: 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 and increases the loudness of the other person's voice.	**HH** or **D**
☐	*** TTY –** A device with a keyboard and display screen. It 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 Phone –** 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**

	Telecommunication Device or Software	Disability Requirements
☐	**Talks Back Number Dialed Phone –** A phone that vocalizes the numbers dialed. May have large numbers, volume control, or Talks Back software.	**VI** or **B** or **UMI**
☐	**Remote Controlled Phone –** A phone that allows the user to dial preprogrammed numbers in sequence and answer calls with 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 with voice activation technology.	**UMI**
☐	**Outgoing Voice Amplification Phone –** A phone with volume control capabilities to increase the loudness of the user's voice.	**WS**
☐	**Cordless Phone –** A phone without a cord so 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 DHHS for an application for augmentative and alternative communication (AAC) or speech generating devices (SGD).

Section 4 – Professional Certification of Your Disability

One of the professionals listed below must complete this section.

Certification

Check to select the type of professional person who certified 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
- ☐ DHHS-approved specialist working in a disability-related field
- ☐ State-certified teacher of blind and visually impaired, deaf and hard of hearing, speech impaired or special education

Print clearly and do not use abbreviations or acronyms for disabilities or conditions.

1. Provide a description of the applicant's disability or disabilities that affect phone access.

2. Provide a detailed description of any phone-access restrictions or limitations caused by the disability or disabilities listed above:

3. Is the applicant reapplying for a voucher because of a change of disability ◯ Yes ◯ No

Fill out Form 3926 if yes.

Section 5 – Certification

As the certifier, I attest to the following:

- I am eligible to certify under the provisions of STAP per Texas Administrative Code Section 360.513(a).
- I have personally met with the applicant and have assessed the applicant's disability.
- I have determined the applicant can benefit from the specialized telecommunications device recommended above to access the phone network. The applicant's age or disability does not prevent them from using the selected specialized telecommunications device to gain access to the phone network.
- I understand STAP may request more documents from me, the applicant or other sources to confirm or supplement any information given on the application. This includes physician's statements, medical records or a copy of my license or certificate.
- I understand that if I 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, I may not be authorized to certify applications. If I committed or am suspected of committing such violations, I may be referred to my licensing agency.
- All information I 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.	Area Code and Phone No.	Area Code and Fax No.
Street Address, City, State and ZIP Code			
Certifier Email Address			

Signature must be original, not a photocopy, facsimile or stamp

Certifier Signature _____ **Date** _____