

Missouri Assistive Technology

Telecommunication Access Program for Internet (TAP-I)

Application for Adaptive Computer Equipment
In-State: 800 647-8557 (v) 800 647-8558 (t t y)
Out of State: 816 655-6700 (v) 816 655-6711 (t t y)
Email: brenda.whitlock@att.net

PART 1 – APPLICATION INFORMATION (PLEASE PRINT CLEARLY)

Name (Last, First, Middle)

Delivery Address (Equipment is shipped UPS)

City: State: **MO** Zip code: County:

Home Phone Work Phone Cell Phone

Date of Birth Social Security Number (Required)

The following are requirements for requesting adaptive computer equipment through the TAP-I program. If you cannot answer “yes” to all of the following, contact the TAP-I program to discuss a possible referral.

- | | | |
|-----|----|---|
| YES | NO | I am a Missouri resident. |
| YES | NO | My annual adjusted gross income is \$60,000 or less for each individual or individual and spouse. (Add \$5,000 for each additional dependent in the household.) |
| YES | NO | I have Internet service. My Internet service provider is:
My email address is: |
| YES | NO | I have a computer with: (Check the operating system on your computer) |
| | | Windows XP (Home Edition) Windows XP (Professional Edition) |
| | | VISTA Windows 7: |
| | | Macintosh computer Home, or 32 bit |
| | | Ultimate or Pro, or 64 bit |

PART 2 – EQUIPMENT SELECTION

You will be contacted upon the receipt of this completed and signed TAP-I application form. To assist us in determining the level of support needed during the equipment selection process, please check all of the following that apply to you.

I have experience using a computer keyboard.

I have experience using a computer.

I do know the adaptive equipment I need for basic Internet access based on past experience and /or a trial period.

Please list:

I do not know what adaptive computer equipment I need for basic Internet access.

PART 3 – DISABILITY CERTIFICATION

(To be completed by a licensed physician, speech pathologist, audiologist, hearing instrument specialist or a Missouri Assistive Technology approved agency representative.)

I hereby certify that _____ is unable to use traditional computer equipment for Internet access due to the disability indicated below.

Low vision

Blind

Vision and Hearing

Reading decoding and/or comprehension disability – Briefly describe:

Physical disability – Briefly describe:

Other disability – Briefly describe:

Please check the appropriate certification category below:

Physician

Speech Pathologist

Audiologist

Hearing Instrument Specialist

State License Number:

Missouri Assistive Technology Approved Agency

Approved Certifying Agency:

Date:

Approved Certifying Agent Printed Name:

Approved Certifying Agent Signature:

Address:

City:

State:

Zip code:

Phone:

E-Mail:

PART 4 – APPLICANT SIGNATURE AND INFORMATION RELEASE

The above facts are true and complete to the best of my knowledge. Upon request, I will provide verification of the information provided. I authorize TAP for Internet to release my name, address and phone number to a consumer support provider.

Applicant or Guardian Signature

Date

(Original signature required. Do not fax application.)

Mail completed and signed application to:

TAP for Internet

1501 NW Jefferson St

Blue Springs, MO 64015