

TELECOMMUNICATION ACCESS PROGRAM FOR INTERNET (TAP-I) APPLICATION FOR ADAPTIVE COMPUTER EQUIPMENT

In-state: 800/647-8557 (v) 800/647-8558 (tty) Out-of-state: 816/655-6700 (v) 816/655-6711 (tty) E-MAIL: <u>BWHITLOCK@MO-AT.ORG</u>

PART 1 – APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name (Last, First, Middle Initial):

Delivery Address (Equipment is shipped UPS):

City, State, Zip Code:Home Phone:Work Phone:Cell Phone:Date of Birth:Social Security Number (Last 4 digits 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 in my residence. My provider is:
Yes	_No	I have an e-mail address: (Print clearly)
Yes	_No	I have a computer with: (Check the operating system on your computer. If your computer is older than listed below, it will not work with most current software.)
	OR	Windows 11 Windows 10 MAC iPad I do not have a computer, but need resources for a Refurbished Computer.

____ Desktop OR ____ Laptop? (Attach income if applying for Refurbished Computer)

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 mark all of the following that apply to you.

____ I have experience using a computer keyboard.

____ I have experience using a computer.

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

PLEASE LIST:

____ I <u>do not know</u> 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

Certifying Agency:

Date:

Certifying Agent Printed Name:

Certifying Agent Signature:

Address:

City:

Telephone:

E-Mail:

Zip Code:

Date

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

Print Name & Relationship of person completing application (if other than applicant)

State:

Phone Number & Email

Mail, Fax, or Email completed and signed application to: TAP for Internet 1501 NW Jefferson Street Blue Springs, MO 64015 <u>BWhitlock@mo-at.org</u> Fax: 816-655-6710