



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: BWhitlock@mo-at.org

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 (*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.)

Windows 10 Windows 8 Windows 7 MAC

OR I do not have a computer, but need resources for a 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 **do know** the adaptive computer 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

Certifying Agency:

Date:

Certifying Agent Printed Name:

Certifying Agent Signature:

Address:

City:

State:

Zip Code:

Telephone:

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

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

Phone Number & Email

Mail, Fax, or Email completed and signed application to:

TAP for Internet
1501 NW Jefferson Street
Blue Springs, MO 64015

BWhitlock@mo-at.org Fax: 816-655-6710