



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: Brenda.Whitlock@att.net

**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  Macintosh 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.

