



MISSOURI ASSISTIVE TECHNOLOGY
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)
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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. My Internet service 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 XP (Home Edition) ___ Windows XP (Professional Edition)

___ VISTA ___ Windows 7: ___ Home or 32 bit

___ Macintosh computer ___ Ultimate/Pro or 64 bit

___ Other: _____ ___ Windows 8

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.

