



## **TAP Wireless Pilot Program**

Greetings! You have expressed an interest in the Wireless Pilot Program of the Telecommunications Access Program (TAP). To be considered, you will need to complete the wireless application form.

**Before completing the form**, it is important that you review the following documents which may answer any questions and explain details about the equipment available and for whom it is most appropriate.

- ✚ FAQ- to help answer *frequently asked questions* about the Wireless Program.
  
- ✚ Wireless Telecommunications Equipment Distribution Guide- This Guide will help you decide which of the devices will assist you with your telecommunication needs and provide information related to the terms and conditions for participants. You may want to print the guide to keep as a reference.

If you submit an application, be sure to answer ALL questions and include required documentation. If your application is approved, you will be expected to share your feedback about how the wireless equipment helps you meet and improve your telecommunication needs and how it helps to be more connected and involved with your family, friends, and other aspects of community life.

You can also find these documents on the website to the TAP Wireless Pilot program at:

<http://www.at.mo.gov/TAPwireless.html>.

Applications will be reviewed and participants selected over an extended period. Be sure to add [MoTapWireless@gmail.com](mailto:MoTapWireless@gmail.com) to your contact list so any e-mails we need to send to you won't be blocked as spam. If you have questions or need additional information, please send an e-mail to [MoTapWireless@gmail.com](mailto:MoTapWireless@gmail.com).

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## Telecommunications Application for Wireless Pilot

This application is for a wireless device and or accessory through the TAP Wireless Equipment pilot project for individuals with disabilities. Individuals are responsible for their own access to Wi-Fi, cellular phone service and/or data plans. Participants must be age 18 or older.

### PART 1: Please PRINT Clearly All Information

Applicant Name:

\_\_\_\_\_

First	Middle Initial	Last
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Full Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Physical/Residential Address (NO PO Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Alternate Mailing Address (work, neighbor, etc): \_\_\_\_\_

City MO Zip Code County of residence (Clay, Greene, Boone, etc):

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**HOME OR OTHER PHONE (VP, TTY, ETC)** **YOUR CELL PHONE**

E-mail address (**REQUIRED**): \_\_\_\_\_

Yes  No I have an annual adjusted gross income of \$60,000 or less for individual or individual and spouse. (Add \$5,000 for each additional dependent in the household).

I verify all information is true, misrepresentation of facts on the application and certification form, TAP may demand return of equipment and shall declare the individual ineligible for future equipment from TAP.

Yes  No I have attached household income verification.

**You can use documentation such as your most recent income tax form, include Blind Pension documentation, or enrollment in: SSI, Section 8 housing, Food stamps (SNAP), National School Free lunch program, or TANF.**

**The following statement must be signed before the application can be processed:**

- The applicant has an adjusted gross income of \$60,000 or less for individual or individual and spouse. (Add \$5,000 for each additional dependent in the household).
  - I have a working e-mail account set up so that TAP may contact me for follow up questions as part of the pilot.
  - I will participate in surveys that will be sent to my e-mail address, and consent to speaking or communicating with a TAP representative after receiving the equipment to verify that I can access telecommunications with the devices received.
  - I will not attempt sell or give away the device provided by Missouri Assistive Technology. This device is for my personal use only.
  - If I am unable to fulfill these requirements, I will contact TAP immediately and return the equipment. I may still be eligible for equipment at a future date.
  - All information given on this application is true.
- I agree to the “Terms and Conditions” as outlined here and in the MoAT Wireless Booklet provided to me.

**Signature of applicant, parent or legal guardian:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Application Date** \_\_\_\_\_

**Name, relationship and contact info. of person completing application (if other than applicant)**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**PART 2: CERTIFICATION OF DISABILITY (Must be completed by Certifying Authority)**

I verify that \_\_\_\_\_ (applicant name) disability is: (check all that apply)

- Deaf\*    Hard of Hearing    Blind\*    Low Vision    Speech    Mobility    Cognitive/Learning

This section to be completed by: physician, audiologist, SLP, BC-HIS, OT, VR Counselor or TAP approved agency:

Certifying Authority Printed Name: \_\_\_\_\_

Certifying Authority Signature: \_\_\_\_\_

State License Number (only necessary for physician, audiologist, SLP, BCHIS or OT): \_\_\_\_\_  
Use full Number

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Agency/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

\* Individuals who meet eligibility for **Deaf-Blind**, please contact Missouri Assistive Technology at 1-800-647-8557 or [brenda.whitlock@att.net](mailto:brenda.whitlock@att.net) regarding Missouri’s Deaf-Blind Equipment Distribution Program

### PART 3: How do you Communicate?

Are you using any basic cell phone, Smartphone, or tablet device now?  Yes  No

If Yes, please complete:

Type of device? \_\_\_\_\_ Which Make and Model? \_\_\_\_\_

Type of device? \_\_\_\_\_ Which Make and Model? \_\_\_\_\_

Are you a hearing aid user or cochlear implant user?  Yes  No

Do you have t-coil in your hearing device that is turned on and programmed?  Yes  No

How do you currently communicate face to face with a person: **(check all that apply)**

- Oral/Spoken  ASL  Other Sign System  Written  Voice Output Device

For telephone and internet communications do you currently use any of the following?

- Amplified telephone  TTY/HCO/VCO  IP Relay  Text Messaging  Video Relay  
 Magnification Software  Screen Reader  Braille Device

**“How will the equipment you are applying for help you with telecommunication (by phone, text or e-mail) in ways that you can’t currently?” (REQUIRED). You may attach an additional page if more space is needed.**

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### PART 4: EQUIPMENT SELECTION

See **MoAT Wireless Telecommunications Equipment Guide** for more information

**Section 1: (choose ONLY 1 device)**

Please check the device you are requesting:

- Jitterbug Smart (Requires service plan AND data plan with GreatCall)  
 iPad® Wi-Fi only  
 iPad Mini® Wi-Fi only  
 iPhone® (Requires having service AND data plan through carrier)  
 iPhone® Plus (Requires having service AND data plan through carrier)

**Section 2: Accessories:** Check only as applicable:

**Hearing:**  Neckloop  Bluetooth Neckloop  Cell phone Amplifier  Visual signaler

**Speech:**  Interface Box (iPad Only)

Other- please call or e-mail:

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**PART 4: EQUIPMENT SELECTION continued**

**Section 3: Complete based on your equipment request**

**iPhone® Requests Only: (Skip if you are requesting iPad®)**

If you are requesting an iPhone®, do you currently have cell phone service?

- Yes    No

Who will be your cell phone carrier? \_\_\_\_\_

Who does the company use to provide NETWORK Coverage:

- AT&T    Sprint    Verizon    T Mobile (Your iPhone® must be ordered based on the Network the carrier uses)

\_\_\_\_\_ I have contacted my cellular provider and verified that the network selected above is  
initial available in my area.

**Tablet (iPad®) Requests Only: (SKIP if you are requesting a cell phone):**

Do you have access to internet with Wi-Fi:  Yes    No

How far away is your Wi-Fi internet access:

- In Home    within 1 mile of home    within 5 miles of home    within 10 miles of home  
 more than 10 miles from home

**PART 5: Complete and sign Part 5 ONLY for persons with a speech disability seeking an iPad® with a communication app for telecommunications.**

A device trial is required to demonstrate that the applicant can use an iPad®, with a communication app, to text, e-mail or communicate over a phone.

Device trial dates: \_\_\_\_\_

Device trial App used:  Proloquo2Go    TouchChat    Proloquo4Text

Please check all that apply:

- The applicant was able to communicate by phone using the iPad® with a communication app.  
 The applicant was able to send e-mail or text using the iPad® with a communication app.

I certify that the applicant was able to use a communication app on an iPad® to text, email or communicate over the phone.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Mail or email completed and signed application with income verification to:**

**TAP Wireless Pilot, 1501 N.W. Jefferson St. Blue Springs MO 64015**

Other questions contact: [MoTapWireless@gmail.com](mailto:MoTapWireless@gmail.com)

816-655-6710 (Fax)

816-655-6700 or 1-800-647-8557 (Voice)