



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

(816) 655-6700 (voice)

(816) 655-6711 (TT)

(816) 655-6710 (fax)

E-mail: [sbrady@mo-at.org](mailto:sbrady@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 (*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.)

\_\_\_ Windows 11 \_\_\_ Windows 10 \_\_\_ MAC \_\_\_ iPad

**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  
[sbrady@mo-at.org](mailto:sbrady@mo-at.org)      Fax: 816-655-6710