Telecommunication Access Program TAP Internet
FY 2027 COMPUTER ADAPTIVE EQUIPMENT
(816) 655-6700 (voice) (816) 655-6711 (TTY)
(816) 655-6710 (fax)

TAP Internet Application

All information should be for the person receiving the equipment except where noted, please **print** clearly all information.

PART 1: APPLICANT INFORMATION

Name **(Last**, First, Middle Initial):

Date of Birth:

Social Security Number (**New applicants must include full number**; previous applicants last 4)*:*

Applicant's Home Address:

City, State, Zip Code, County:

Cell Phone: Home Phone: Alt Phone:

PART 2: ELIGIBILITY

___YES ___NO I am a Missouri resident, I have an email address, I have the necessary basic equipment to use the requested equipment with, and I have access to internet.

___YES ___NO I have Internet service in my residence. My provider is:

My e-mail address is: (required)

What is the operating system of the device you will be placing software on?

___ Windows 11 ___ Windows 10 ___ MAC OS 12 or newer ___ iOS 16 or newer

How many people in household: _____ Household Adjusted Gross Income (number): _____

PART 3: EQUIPMENT

___YES ___NO I am familiar with and have computer keyboarding skills.

___YES ___NO I am familiar with and have experience using a computer.

I am requesting the following equipment based on my experience and or trial:
(Demonstrators please attach Equipment Request Selection Sheet)

PART 4: ADDITIONAL INFORMATION. IS THERE ANY OTHER INFORMATION ABOUT THE CONSUMER THAT COULD BE HELPFUL TO KNOW INCLUDING DIAGNOSIS?

PART 5: APPLICANT SIGNATURE AND INFORMATION RELEASE, CERTIFIER/DEMONSTRATOR SIGNATURE

The above facts are true and complete to the best of my knowledge. Upon request, I will provide verification of the information provided. I, the consumer, authorize TAP to release my name, address, email address, and phone number to a consumer support provider for the purpose of demonstration or training and support.

Consumer Signature and date:

Demonstrator's Signature and Date:_____

Demonstrator's Printed Name:_____

MILITARY INFO AND REFERRAL:

Have you are an immediate family member ever serviced din the U.S. Armed forces? Yes No
If yes, would you like information about military related services in Missouri? Yes No

WHO REFERRED YOU TO TAP:

Certification: We have moved our Certification of Disability to a new form. This new form is specific to the Telecommunications Access Programs: TAP Telephone, TAP Internet, and TAP Wireless Pilot. The new form will be valid for 3 years from the date of the certifier signature. Feel free to call us at 816-655-6700 to verify if a new certification form is required.

Mail, Fax, or Email completed and signed application to:
TAP for Internet
1501 NW Jefferson Street
Blue Springs, MO 64015
Fax: 816-655-6710 sbrady@mo-at.org (7/2026 LP)