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:_____

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.

TO ACCESS THE NEW FORM:

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)