



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:

Phone Numbers: 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: _____

X

Demonstration/Certifier Signature date and
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's 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)