# Centers and Approved Professionals Certification for TAP Wireless

**State Fiscal Year 2025 (July 1, 2024-June 30, 2025)**

**Print: Name of Applicant (Last, First, MI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_­­­\_**

**Date of Birth: MM/DD/YYYY ­­­\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_**

**Social Sec Number (New applicants must include full social. Previous recipients provide last 4): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Certification of Disability

**Medical Records of Disability may be submitted in place of certification. We will contact you if there are any issues.**

Per State Regulations: only the following professionals are recognized as individuals who may certify this paperwork.

**Certifier is (circle)**: VRC RSB MD/DO OD SLP Audiologist HIS TAP Approved Agency

Certifying Authority Contact Address

| Printed Name |  | Feel Free to use Return Label, Address Return stamp, attach business card, or print legibly the full address. |
| --- | --- | --- |
| Signature |  |  |
| License Number (full) |  |  |
| Telephone:  | ( ) |  |
| Email: |  |  |

I am certifying the person listed above has the following disability:

[ ]  Hearing [ ] Vision [ ] Mobility/Physical Access [ ] Cognitive/Memory

If the applicant has a speech disability contact Mo A T first [ ] Speech

**Date Signed by Certifier:** \_\_\_\_\_\_\_\_\_\_\_\_ **Certification Section complete turn over for consumer**

### Equipment Selection and Demonstration:

Most demonstration locations are able to show individuals how to access basic functions on smart phones or tablets to see if equipment would be a good match. They are able to do full demonstrations on accessories, signalers, and home telephones.

To find your local hands on demonstration site, visit: [TAP for Telephone – MO AT](https://at.mo.gov/tap-t/#demo-sites)

The applicant indicated they are applying for: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant would benefit from the following:

Accessory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/HH Visual Signaler model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If a demonstration was completed:** Demonstration completed by (printed name): ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Demonstration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Demonstrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Applicant Signature and Information for Release:

As an applicant or guardian of the applicant applying for TAP Wireless, if the applicant is approved for equipment:

* It is required that the applicant participate in surveys and email for a minimum of 3 years.
* TAP Wireless provides equipment only.
* The applicant is responsible for the service (Wi-Fi, as well as cellular and Data), fees associated with equipment, additional add-ons or accessories.
* A two (2) year warranty is provided as part of the program, approved applicants are not eligible for new equipment for three (3) years from the date of receiving equipment. See TAP Wireless Guide for specifics of warranty.
* I have read the responsibilities and agree to the terms of the Wireless Pilot. Submitting false information is known as perjury and my application can be revoked, equipment requested to be returned, and I be made ineligible for future equipment.

| Applicant Printed Name |  | Signature |  | Date: |
| --- | --- | --- | --- | --- |

Guardian Signature if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_

Return this form and additional documentation to: **TAP Wireless, 1501 NW Jefferson St, Blue Springs, MO 64015**

* **Failure to provide this form and the following will result in your request being denied.**
* **Completed your TAP Wireless Application online**
* **Included with your certification all Household Income (required)**