

# TAP Wireless (Part 2) of Application Process

**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.

I am a/an: (indicate) RSB VRC MD/DO OD Audiologist HIS SLP 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**

**Demonstration and REQUIRED Applicant Signature next page**

### 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 Demonstration site, visit: [TAP Telephone Demonstration Site Map](https://at.mo.gov/TAPTMap.html)

Equipment Selection: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accessories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visual Signaler if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

### Applicant Signature and Information for Release:

Applicant is applying for TAP Wireless equipment. It is understood the applicant is required to participate in surveys and other email as part of the Wireless Pilot. TAP Wireless provides equipment only. The applicant is responsible for the service (Wi-Fi, as well as cellular and Data), and fees associated with equipment, if approved. A two (2) year warranty is provided as part of the program, applicant is not eligible for new equipment for three (3) years.

I understand my 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.

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Printed Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date signed by Applicant or Guardian: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_

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