



TELECOMMUNICATION ACCESS PROGRAM FOR INTERNET (TAP-I)  
APPLICATION FOR ADAPTIVE COMPUTER EQUIPMENT

In-state: 800/647-8557 (v)  
800/647-8558 (tty)  
Out-of-state: 816/655-6700  
(v) 816/655-6711 (tty)

E-MAIL: [BWHITLOCK@MO-AT.ORG](mailto:BWHITLOCK@MO-AT.ORG)

**PART 1 – APPLICANT INFORMATION (PLEASE PRINT CLEARLY)**

Name (Last, First, Middle Initial):

Delivery Address (Equipment is shipped UPS):

City, State, Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Date of Birth:

Social Security Number (*Last 4 digits Required*):

The following are requirements for requesting adaptive computer equipment through the TAP-I program. If you cannot answer “yes” to all of the following, contact the TAP-I program to discuss a possible referral.

YES  NO I am a Missouri resident.

YES  NO My annual adjusted gross income is \$60,000 or less for each individual or individual and spouse. (Add \$5,000 for each additional dependent in the household.)

YES  NO I have Internet service in my residence. My provider is:

YES  NO I have an e-mail address: (Print clearly)

YES  NO I have a computer with: (Check the operating system on your computer. If your computer is older than listed below, it will not work with most current software.)

Windows 11  Windows 10  MAC  iPad

OR  I do not have a computer, but need resources for a Refurbished Computer.

Desktop OR  Laptop? (Attach income if applying for Refurbished Computer)

**PART 2 – EQUIPMENT SELECTION**

You will be contacted upon the receipt of this completed and signed TAP-I application form. To assist us in determining the level of support needed during the equipment selection process, please mark all of the following that apply to you.

I have experience using a computer keyboard.

I have experience using a computer.

I do know the adaptive computer equipment I need for basic Internet access based on past experience and/or a trial period.

PLEASE LIST:

I do not know what adaptive computer equipment I need for basic Internet access.

