



NE SE NC SC NW SW

Return to:

ATK – TAP
2601 Gabriel
Parsons, KS 67357

800-KAN DO IT (800-526-3648)
Management at: 866-666-1470
FAX: 620-421-0954

Application for Mobile Technology Devices

This application is for a smartphone or a tablet. If you don't want a smartphone or a tablet, please use the Kansas TAP Equipment Application form.

Personal Information *(to be completed by applicant)*

Name: _____ Gender: _____
(Last) (First) (MI)

Address: _____
(P. O. Box not accepted)

City: _____ Zip: _____ Email: _____

Home Phone: _____ Date of Birth: ____/____/____

Alternate Contact Name: _____ Phone: _____

- Yes No I am a resident of Kansas.
- Yes No I have a disability/impairment that interferes with using the telephone.
- Yes No I have a household gross income that is **less** than \$55,000 per year.
(\$3,000 may be added for each dependent claimed.)

(KS TAP reserves the right to request proof of documentation of income. Refusal to provide requested documentation will result in denial of your application.)

- Yes No I have a cellphone or mobile service plan. If yes, please send 1 page from your current phone bill with this application. You are still eligible even if you don't have a plan at this time.

I verify under penalty of perjury that the above is true and correct.

Applicant or Guardian Signature: _____ Date: _____

Demonstration Centers

If you are having trouble deciding, you may call or visit one of the demonstration centers. Please call for appointment.

Western AT Access Site Northwest Kansas Educational Service Center 703 West Second Street, Oakley, KS 67748 PHONE: (785) 672-3125 - FAX: (785) 672-3175	South Central AT Access Site Southeast Kansas Independent Living 3033 West Second St. North, Suite 106, Wichita, KS 67203 PHONE: (316) 942-5444 - FAX: (316) 942-3311
North Central AT Access Site OCCK, Inc. - Solution Outreach Center 1605 W. Schilling Rd., PO Box 1160, Salina, KS 67401 PHONE: (785) 827-9383 - FAX: (785) 452-9374	Southeast AT Access Site Southeast Kansas Independent Living 1714 Main Street, Parsons, KS 67357 PHONE: (620) 421-6551 - FAX: (620) 423-3505
Northeast AT Access Site Resource Center for Independent Living (RCIL) 1507 SW 21 st St., Suite 203, Topeka, KS 66611 PHONE: (785) 267-1717 - FAX: (785) 267-1711	Southwest KEE Affiliate Office Families Together 1518 Taylor Plaza East, Garden City, KS 67846 PHONE: (785) 673-9609 - FAX: (620) 276-3488
Three Rivers Independent Living 504 Miller Drive, PO Box 408, Wamego, KS 66547 PHONE: 1-800-555-3994 – (785) 456-9915 (V/TDD)	Prairie Independent Living (PILR-Dodge City) 207 West Spruce Street, Dodge City, KS 67801 PHONE: Voice: (620) 371-7690
LINK 2401 E. 13 th Street, Hays, KS 67601 PHONE: 1-800-569-5926 - (785) 625-6942 (V/TDD)	Prairie Independent Living (PILR) 17 S. Main Street, Hutchinson, KS 67501 PHONE: 1-888-715-6818 – (620) 663-9920 (TDD)
Independence Inc. , 2001 Haskell Ave., Lawrence, KS 66046, PHONE: (785) 841-0333	

Disability Certification

All information must be completed.

(to be completed by one of the following)

I am a licensed:

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Physician	<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Optometrist
<input type="checkbox"/> Speech Pathologist	<input type="checkbox"/> Vocational Rehabilitation Counselor		
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Physician Assistant		

Please check the disability(ies)/impairment(s) being certified:

<input type="checkbox"/> Blind or Vision Loss	<input type="checkbox"/> Deaf or Hearing Loss	<input type="checkbox"/> Cognitive Impairment*
<input type="checkbox"/> Hearing and Vision Loss	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Fine Motor Impairment*

*If you marked cognitive or fine motor impairment, please explain why the applicant can't use a traditional phone or mobile device: _____

Certifying Authority's Name (print clearly): _____

State License or Certification Number: _____

Address: _____

Zip: _____ County: _____ Phone: _____

I certify that (applicant's name) _____
 has a disability/impairment that requires specialized telecommunications equipment in order to effectively use the telephone.

Certifying Authority's Signature: _____ Date: _____