



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 Equipment

Personal Information *(to be completed by applicant)*

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

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 telephone service at my place of residence.

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.)

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

Please check your disability(ies)/impairment(s):

Blind or Vision Loss

Cognitive Impairment

Deaf or Hearing Loss

Hearing and Vision Loss

Mobility/Motor Impairment

Speech Impairment

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

Applicant or Guardian Signature: _____ Date: _____

Delivery Instruction Information *(to be completed by applicant)*

Check only one:

- I would like the TAP staff to order my equipment and have it sent to me.
- Please order my equipment and send it to an installer at my regional AT Access Site.
- Please order my equipment and send it in care of the person listed below:

Name: _____ Phone: _____

Address: _____
Street City State Zip

Equipment Information *(to be completed by applicant)*

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

Category A: Telephones & Accessories *(Check only the features you really need)*

- Amplified Cordless Telephone
- Amplified Corded Telephone
 - Large Numbers
 - Talking Number Keys
 - Backlit Buttons
 - Speakerphone
 - Caller ID
 - Slow Talk
- Hands-Free (Voice control) Telephone
- Hands-Free Telephone Accessories (check as needed):
 - Headset
 - Lapel Mic
 - Puff Switch
 - Inline Voice Dialer
- Emergency Response Telephone with Pendant
- Photo Button Telephone
- Speech Amplification for Laryngectomy (TeliTalk) with Telephone
- TTY
- DeafBlind Telecommunications Communicator
- VCO/HCO Telephone
- Captioned Telephone (CapTel phone):**
 - 840 PLUS (If no internet, order this phone)
 - 840i (requires high speed internet)
 - 880i (extra-large display screen)
 - 2400 (touch screen)
 - 880 BT (braille display)

Do you know the specific model you want? If so, tell us: _____

Were devices demonstrated for you by staff from a Demo Center, listed on page 3? Yes No

Category B: Signalers

- No signaler needed at this time
- Light Flasher/Visual Signaler
- Tactile Signaler
- Loud Bell Ringer
- Loud Bell Ringer/Visual Signaler Combo

Category C: Training

- I do not need training on my new TAP equipment.
- I will call my regional AT Access Site (800-526-3648) after I receive my equipment to schedule an appointment if training is needed.

Demonstration Centers

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

Western AT Access Site Northwest Kansas Educational Service Center (NKESC) 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 Topeka Resource Center for Independent Living (TILRC) 501 Southwest Jackson St. Topeka, Kansas 66603-3300 PHONE: (785) 233-4572 - FAX: (785) 233-1561	Southwest AT Access Site 302 N. Fleming, Suite 8E Garden City, KS 67846 CELL: (785) 673-9609; PHONE at NKESC: (785) 672-3125 FAX at Western AT Access Site: (785) 672-3175
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. 13th 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 Avenue, 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"/> Cognitive Impairment | <input type="checkbox"/> Deaf or Hearing Loss |
| <input type="checkbox"/> Hearing and Vision Loss | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Mobility/Motor Impairment |

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: _____