



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: (First, MI, Last): \_\_\_\_\_ Gender: \_\_\_\_\_

Street 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).

Yes  No A copy of 1 page from my phone bill with my name and number listed or a copy of the front and back of a prepaid phone card is attached.

Note: All the above statements must be YES for the application to be approved.

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

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

Applicant or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>Demonstration Centers</b>		<i>If you are having trouble deciding, you may call one of the demonstration centers for an appointment.</i>	
<b>Western AT Access Site</b> Northwest Kansas Educational Service Center 703 West Second Street, Oakley, KS 67748 PHONE: (785) 672-3125 – FAX: (785) 672-3175		<b>South Central AT Access Site</b> Southeast Kansas Independent Living 3033 West Second St. North, Suite 106, Wichita, KS 67203 PHONE: (316) 942-5444 – FAX: (316) 942-3311	
<b>North Central AT Access Site</b> OCCK, Inc. - Solution Outreach Center 1605 W. Schilling Rd., PO Box 1160, Salina, KS 67401 PHONE: (785) 827-9383 - FAX: (785) 452-9374		<b>Southeast AT Access Site</b> Southeast Kansas Independent Living 1714 Main Street, Parsons, KS 67357 PHONE: (620) 421-6551 - FAX: (620) 423-3505	
<b>Northeast AT Access Site</b> Topeka Resource Center for Independent Living (TILRC) 501 Southwest Jackson St. Topeka, Kansas 66603-3300 PHONE: (785) 233-4572; FAX: (785) 233-1561		<b>Southwest AT Access Site</b> 302 N. Fleming, Suite 8E Garden City, KS 67846 CELL: (785) 673-9609; PHONE at NKEESC: (785) 672-3125 FAX at Western AT Access Site: (785) 672-3175	
<b>Three Rivers Independent Living</b> 504 Miller Drive, PO Box 408, Wamego, KS 66547 PHONE: 1-800-555-3994 – (785) 456-9915 (V/TDD)		<b>Prairie Independent Living (PILR-Dodge City)</b> 207 West Spruce Street, Dodge City, KS 67801 PHONE: Voice: (620) 371-7690	
<b>LINK</b> 2401 E. 13th Street, Hays, KS 67601 PHONE: 1-800-569-5926 - (785) 625-6942 (V/TDD)		<b>Prairie Independent Living (PILR)</b> 17 S. Main Street, Hutchinson, KS 67501 PHONE: 1-888-715-6818 – (620) 663-9920 (TDD)	
<b>Independence Inc.</b> 2001 Haskell Ave., Lawrence, KS 66046, PHONE: (785) 841-0333			

**Disability Certification**  
(to be completed by one of the following)

**All information must be completed.**

- I am a licensed:
- Audiologist
  - Physician
  - Ophthalmologist
  - Optometrist
  - Speech Pathologist
  - Vocational Rehabilitation Counselor
  - Nurse Practitioner
  - Physician Assistant

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

- Blind or Vision Loss
- Deaf or Hearing Loss
- Cognitive Impairment\*
- Hearing and Vision Loss
- Speech Impairment
- 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 or type): \_\_\_\_\_

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: \_\_\_\_\_