

Circle the AT Access Site:    NE    SE    NC    SC    NW    SW

# KANSAS



## TELECOMMUNICATIONS ACCESS PROGRAM

Return completed application to:

ATK-TAP  
2601 Gabriel  
Parsons, KS 67357

Contact information:

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

### Application for Smartphones & Tablets

This application is for a smartphone or a tablet. If you don't want a smartphone or a tablet, please use the Kansas TAP Adapted Phones & Signalers/Accessories 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    One page from my phone bill with my name, number and provider OR  
 copy of the front & back of a prepaid phone card with the number scratched off the back and receipt.

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: \_\_\_\_\_

**DEMONSTRATION CENTERS:** If you are having trouble deciding, you may call one of the Demonstration Centers for an 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

**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

**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

**Three Rivers Independent Living**

504 Miller Drive, PO Box 408, Wamego, KS 66547  
 PHONE: 1-800-555-3994  
 (785) 456-9915 (V/TDD)

**LINK**

2401 E. 13th Street, Hays, KS 67601  
 PHONE: 1-800-569-5926  
 (785) 625-6942 (V/TDD)

**Independence Inc.**

2001 Haskell Ave., Lawrence, KS 66046  
 PHONE: (785) 841-0333

**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

**Southeast AT Access Site**

Southeast Kansas Independent Living  
 1714 Main Street, Parsons, KS 67357  
 PHONE: (620) 421-6551 - FAX: (620) 423-3505

**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

**Prairie Independent Living (PILR-Dodge City)**

236 San Jose Drive, PO Box 4  
 Dodge City, KS 67801  
 PHONE: Voice: (620) 371-7690

**Prairie Independent Living (PILR)**

17 S. Main Street  
 Hutchinson, KS 67501  
 PHONE: 1-888-715-6818; (620) 663-9920 (TDD)

**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: \_\_\_\_\_