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

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 Adapted Phones; Signalers & Accessories

Personal information (to be completed by applicant)

Name: (First, MI, Last):			Gender:
Street Address (P.O. Box no	t accepted):		
City:	Zip:	Email:	
Home Phone:		Date of Birth:	
Alternate Contact Name:		Phone:	
YesNo	I am a resident of Kansas.		
YesNo	I have telephone service at my place of residence.		

YesNo	I have a disability/impairment that interference	es with using the telephone.			
YesNo	I have a household gross income that is less (\$3,000 may be added for each dependent				
(KS 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 LossMobility/Motor ImpairmentSpeech 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)

Pendant Photo Button Telephone Speech Amplification for Laryngectomee (TeliTalk) with Telephone TTY DeafBlind Telecommunications Communicator VCO/HCO Telephone				
Speech Amplification for Laryngectomee (TeliTalk) with Telephone TTY DeafBlind Telecommunications Communicator				
(TeliTalk) with TelephoneTTYDeafBlind Telecommunications Communicator				
TTY DeafBlind Telecommunications Communicator				
DeafBlind Telecommunications Communicator				
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)				
mo Center, listed on page 4?YesNo				
Loud Bell RingerLoud Bell Ringer/Visual Signaler Combo				
ent.				
648) after I receive my equipment to schedule				
, .,.,				
ent. 1648) after I receive my equipment to schedule				

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 (785) 625-6942 (V/TDD) (800) 569-5926

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: (620) 371-7690 FAX: 620-371-7689

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			
OptometristSpeed	h Pathologist\	Vocational Rehabilitation Counselor			
Nurse Practitioner	Physician Assistant				
Please check the disability(ies)/impairment(s) being certified:					
Blind or Vision Loss	Cognitive Impairment _	Deaf or Hearing Loss			
Hearing and Vision Loss	Speech Impairm	nentMobility/Motor Impairment			
Certifying Authority's Name (print or type): State License or Certification Number:					
Address:					
Zip:Count	-y:	Phone:			
I certify that (applicant's name)					
has a disability/impairment that rec	quires specialized telecon	mmunications equipment in order to			
effectively use the telephone.					
Certifying Authority's Signature:		Date:			