



KANSAS TAP

TELECOMMUNICATIONS ACCESS PROGRAM

TAP is an equipment distribution program.

The Kansas Telecommunications Access Program (TAP) is an equipment distribution program. The purpose of the program is to provide specialized telephones and other telecommunications devices to Kansans with disabilities who can't use traditional home telephones. Based on state law, the program receives funds through the Kansas Universal Service Fund (KUSF) and is regulated by the Kansas Corporation Commission (KCC).

Return to:

1000 Sunnyside Drive, Room 1052

Lawrence, KS 66045

Email: atkapps@ku.edu

Contact Information:

Website: <https://atk.ku.edu/kansas-telecommunications-access-program>

Phone: (620) 421-8367

Fax: (620) 448-3099

***Proof of phone service is not required for landline phones, signalers, or accessories.**

***Proof of phone service is required for smartphones and tablets.**

Applicant's Information

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

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

City: _____ Zip: _____

Email: _____ Phone: _____

Date of Birth: _____

Alternate or Guardian Contact Name: _____ Phone: _____

Eligibility

- | | | |
|--|-----|----|
| • I am a resident of Kansas | Yes | No |
| • I have telephone service at my residence | Yes | No |
| • I have a disability/impairment that interferes with using the telephone | Yes | No |
| • I have a gross household income that is less than \$55,000 per year (\$3,000 is added for each dependent claimed): | Yes | No |

Kansas TAP reserves the right to request proof of documentation of income. Refusal to provide requested documentation can result in denial of the application.

Equipment Information

Select the equipment category you are interested in:

Landline Telephones

Captioned Telephones

Smartphones / Tablets (proof of phone service **required**)

Accessories

Signalers

Select your disability(ies) and/or impairment(s):

Blind or Vision Loss

Deaf or Hearing Loss

Hearing and Vision Loss

Cognitive Impairment

Mobility/Motor Impairment

Speech Impairment

I verify under penalty of perjury that the above is true and accurate:

Applicant or Guardian Signature: _____ Date: _____

Delivery Instruction Information (Select One)

Send my equipment directly to me

Send my equipment to a TAP installer at my regional AT access site

Send my equipment in care to the person listed below:

Name: _____ Phone: _____

Address (Street, City, State, Zip):

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

I am a licensed:

- Audiologist
- Nurse Practitioner
- Physician
- Physician Assistant
- Ophthalmologist
- Optometrist
- Speech Language Pathologist
- Vocational Rehabilitation Counselor

Please check all of the disabilities/impairments being certified:

- Blind or Vision Loss
- Deaf or Hearing Loss
- Hearing and Vision Loss
- Cognitive Impairment
- Mobility/Motor Impairment
- Speech Impairment

If you marked **cognitive** or **fine motor impairment**, please explain and provide a justification for why the applicant cannot use a traditional phone or mobile device:

Licensed Certifying Authority's Name: _____

State License or Certification Number: _____

Business Address (Street, City, State, Zip): _____

Phone: _____

I certify that (applicant's name) _____
has a disability/impairment that requires specialized telecommunication equipment and/or accessibility
features to effectively use the telephone.

Certifying Authority's Signature: _____ Date: _____

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