



Return to:

ATK – TAP
2601 Gabriel
Parsons, KS 67357
800-KAN DO IT (800-526-3648)
Management at: 866-666-1470

Application for Equipment

Personal Information *(to be completed by applicant)*

Name _____
(Last) (First) (MI)

Address _____
(P. O. Box not accepted)

City _____ Zip _____ County _____

Home Phone (_____) _____ Date of Birth ____/____/____

Email Address _____ Gender _____

- 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):

- | | | |
|--|--|---|
| <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"/> Mobility/Motor Impairment | <input type="checkbox"/> 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 _____

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)

- | | |
|--|--|
| <input type="checkbox"/> Amplified Cordless Telephone | <input type="checkbox"/> Emergency Response Telephone with Remote |
| <input type="checkbox"/> Amplified Corded Telephone | <input type="checkbox"/> Personal Emergency Response System |
| <input type="checkbox"/> Large Numbers | <input type="checkbox"/> Photo Button Telephone |
| <input type="checkbox"/> Talking Number Keys | <input type="checkbox"/> Speech Amplification Telephone |
| <input type="checkbox"/> Backlit Buttons | <input type="checkbox"/> Speech Amplification TeleTalk with Telephone |
| <input type="checkbox"/> Speakerphone | <input type="checkbox"/> TTY |
| <input type="checkbox"/> Caller ID | <input type="checkbox"/> DeafBlind Communicator |
| <input type="checkbox"/> Hands-Free Telephone (check accessory needed) | <input type="checkbox"/> VCO/HCO Telephone |
| <input type="checkbox"/> Headset <input type="checkbox"/> Lapel Mic <input type="checkbox"/> Puff Switch | <input type="checkbox"/> VCO Telephone (Dialogue) |
| <input type="checkbox"/> Hands-Free Telephone with In-Line Voice Dialer | <input type="checkbox"/> Captioned Telephone (CapTel phone) |
| | <input type="checkbox"/> 840 (not compatible with digital phone service) |
| | <input type="checkbox"/> 840i (requires high speed internet) |

Do you know the specific model you want?

If so, tell us: _____

Category B: Signalers

- | | |
|--|---|
| <input type="checkbox"/> No signaler needed at this time | <input type="checkbox"/> Loud Bell Ringer |
| <input type="checkbox"/> Light Flasher/Visual Signaler | <input type="checkbox"/> Loud Bell Ringer/Visual Signaler Combo |
| <input type="checkbox"/> Tactile Signaler (Deaf/Blind only) | |

Category C

- 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 appointment.

Western AT Access Site

Northwest Kansas Educational Service Center
703 West Second, Oakley, Kansas 67748
PHONE: (785) 672-3125 - FAX: (785) 672-3175

South Central AT Access Site

3033 West Second, Suite 104
Wichita, Kansas 67203
PHONE: (316) 942-5444 - FAX: (316) 942-3311

North Central AT Access Site

OCCK, Inc. - Solution Outreach Center
2941 Centennial, Salina, Kansas 67401
PHONE: (785) 827-9383 - FAX: (785) 452-9374

Southeast AT Access Site

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

Northeast AT Access Site

Resource Center for Independent Living (RCIL)
1507 SW 21st St. Suite 203, Topeka, Kansas 66611
PHONE: (785) 267-1717 - FAX: (785) 267-1711

Southwest KEE Affiliate Office

Families Together
1518 Taylor Plaza, Garden City, KS 67846
PHONE: (785) 673-9609 - FAX: (620) 276-3488

Coalition for Independence

4911 State Ave., Kansas City, KS 66102
PHONE: 1-866-201-3829 – (913) 321-5216 (TDD)

Prairie Independent Living (PILR-Dodge City)

2601 Central #LL19, Dodge City, KS 67801
PHONE: Voice: (620) 371-7690

Three Rivers Independent Living

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

Prairie Independent Living (PILR)

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

LINK, 2401 E. 13th, Hays, KS 67601

PHONE: 1-800-569-5926 - (785) 625-6942 (V/TDD)

Independence Inc., 2001 Haskell, Lawrence, KS 66046

PHONE: 1-888-824-7277 – (785) 841-1046 (TDD)

Disability Certification

All information must be completed.

(to be completed by one of the following)

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 Cognitive Impairment Deaf or Hearing Loss
 Hearing and Vision Loss Speech Impairment 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 _____