



iPad/iPhone Pilot - Screening Questionnaire

IMPORTANT: Completion of this form does not guarantee selection for the iPad / iPhone Pilot Program.

CONSUMER INFORMATION

NAME _____ DOB ___/___/___ AGE _____

ADDRESS _____

Street

City State Zip Code

HOME PHONE (____)_____ WORK PHONE (____)_____ CELL PHONE (____)_____

EMAIL _____ GENDER: [] Male [] Female

How would an iPad / iPhone help you with telecommunications (phone, email or text)? _____

(You may use the back of this questionnaire if more space is needed.)

What means of telecommunications are you currently using? _____

HOW DO YOU COMMUNICATE? Check all that apply. [] Sign Language [] Speech [] Writing

Are you currently a TAP customer? [] Yes [] No

Do you have access to Wi-Fi? [] Yes [] No

PLEASE CHECK ONLY ONE DEVICE

[] iPad [] iPhone

ANNUAL GROSS INCOME

[] \$0 - \$50,000 [] Over \$50,000 (equipment provided at one-third of iPad cost)

DISABILITY

Do you have a documented disability? [] Yes * [] No

[] Blind/Visual Impairment [] Hard of Hearing/Deaf [] Speech Impairment [] Mobility Impairment

[] Cognitive Impairment [] Intellectual/Developmental Disability [] Other _____

*If yes, please describe your functional limitations _____

SIGNATURE: _____

(If applicant is a minor, parent or guardian must sign form)