



Tablet or Smartphone - Screening Questionnaire

IMPORTANT: Completion of this form does not guarantee equipment.

CONSUMER INFORMATION

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City State Zip Code

HOME PHONE (\_\_\_\_)\_\_\_\_\_ WORK PHONE (\_\_\_\_)\_\_\_\_\_ CELL PHONE (\_\_\_\_)\_\_\_\_\_

EMAIL \_\_\_\_\_ GENDER: [ ] Male [ ] Female

How would a tablet / smartphone 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

[ ] Tablet [ ] Smartphone

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)