



Telecommunications Access Program

TAP is a program of the Arkansas Rehabilitation Services
Arkansas Department of Career Education
P.O. Box 3781, Little Rock, AR 72203

iPad Pilot – Screening Questionnaire

IMPORTANT: Completion of this form does not guarantee selection for the iPad 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 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

Have you used an iPad or Tablet before? Yes No

Do you currently own an iPad or Tablet? Yes No

Do you have access to Wi-Fi? Yes No

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)