



iPhone Text Accessibility Plan (TAP) Application Form

Date: _____

Persons with the following disabilities may qualify for the iPhone Text Accessibility Plan (TAP): Individuals whose permanent hearing or speech disability prevent or limit his/her ability to communicate over voice networks.

Applicant's Name: _____

AT&T Mobility Phone # _____ Account #: _____

Account Holder: _____

Relationship to Applicant: SELF PARENT SPOUSE OTHER: _____

Preferred Contact Method: TTY__ Phone__ E-mail__

Contact Number or E-mail address: _____

How did you learn about this plan?

National Organization (i.e. UCP, AG Bell, HLAA, TDI, ALDA)

List Serve:

Blog:

Media (Television, Newspaper, Magazine, Radio): _____

Referral: _____

Important:

Only the iPhone is compatible with the iPhone TAP plan, all other devices including Blackberry, PDA's and smartphone devices and services are not compatible with the iPhone TAP rate plan. The rate plan change will occur usually 1-4 business days after receiving the complete application and certification and will be made effective the day it is added. This may cause a pro-rated bill (partial month charges for 1 or more rate plans). Enrollment in this program is NOT automatic. AT&T Mobility is not responsible for charges incurred to obtain certification. This is a voluntary program of AT&T Mobility and may be terminated at any time. Incomplete applications/request and those without certification of disability will not be considered. AT&T Mobility reserves the right to request additional medical documentation.

Signature of Applicant Date

Signature of Account Holder (if different from above) Date

AT&T Mobility's TAP rate plan is a Data Only rate plan which includes unlimited messages (SMS) and unlimited internet usage for \$40.00/ mo.

Certification of disability is required to process iPhone TAP applications. Applications received without certification will not be considered for enrollment in the iPhone TAP rate plan.

Certification of Disability Instructions:

A certifying agent must be a qualified health care professional, audiologist or hearing health professional, speech or language therapist/specialist, representative of an institution, agency or non-profit 510c3 organization actively engaged in work in the disability area specified by the applicant. A certifying agent must have direct knowledge or documentation of the applicant's condition or functional limitation. Examples of certifying agents include licensed physicians and/or surgeons operating in the scope of their licenses, Vocational Rehabilitation Agency Counselors, Teachers, Audiologists, Credentialed Therapists, Directors of independent living centers, or local, state, or national chapter presidents of associations of/for persons with disabilities including but not limited to: The National Association of the Deaf, Hearing Loss Association of America, AG Bell, Association of Late-Deafened Adults or Telecommunication for the Deaf, INC.

Questions:

Please call AT&T Mobility's National Center for Customers with Disabilities (NCCD) at 866-241-6568 (TTY access at 866-691-7265). NCCD hours of operation are 7am-9pm EST. Monday – Friday and 9am-6pm Saturday or E-mail NCCDSupport@cingular.com. AT&T Mobility is not responsible for any charges incurred to obtain disability certification.

AT&T Mobility Certification of Disability

This form should accompany the iPhone TAP application. Only 1 wireless line will be modified per the receipt of the complete application and certification. If multiple parties on the same account wish to apply, a separate application and certification must be provided. AT&T Mobility is not responsible for any charges incurred to obtain disability certification.

Applicant's Name: _____

I certify that the applicant named above has a hearing or speech disability or functional limitation that prevents or limits his/her ability to communicate over voice networks.

Describe the nature of the disability or medical condition: _____

Name of Certifying Agent: _____

Title: _____

License # (if applicable) _____

Organization (if applicable) _____

Preferred Contact Method (pager #s are not acceptable): TTY Voice E-Mail

Contact Number or Email Address: _____

Street Address _____

City: _____ State: _____ Zip: _____

Signature of Certifying Agent Date Signed

Submit the complete application and certification forms to AT&T Mobility's NCCD by

FAX: 866-293-5110 or Mail to: Cingular Wireless, 1st Floor-NCCD, 17000 Cantrell Rd, Little Rock AR 72223-4266.