



iPad GRANT APPLICATION

**Mail completed application to:
NATIONAL AUTISM ASSOCIATION**

GIVE A VOICE PROGRAM
310 Maple Ave., Suite E1
Barrington, RI 02806

Please completely review all of the following information before filling out this application. Please print clearly and provide all required information. Illegible and incomplete applications cannot be considered.

Please review the Frequently Asked Questions at the end of this application. If you need further information, email naa@nationalautism.org.

NAA's **Give A Voice** Program provides qualifying individuals with an assistive communication device including:

- A 32GB Apple iPad (WiFi version) with AppleCare+ Protection Plan
- Protective Case

Qualifying applicants are individuals diagnosed with an autism spectrum disorder who are non-verbal or minimally verbal, and whose communication challenges put them at increased risk of injury or harm. Funding for this program is extremely limited. It is intended only for families in dire need of financial assistance who are otherwise unable to obtain a communication device. Only U.S. residents may apply.

Eligibility Requirements

You must meet the following criteria to apply:

- The individual you are applying for must be 5 years of age or older and formally diagnosed with an Autism Spectrum Disorder. Documentation from a physician is required.
- Only parents or legal guardians may apply on behalf of their child/adult with autism.
- You must have access to a WiFi internet connection for software downloads and updates.
- You must establish, or already have an active iTunes account/Apple ID prior to applying. If you need to create an Apple ID, go to <http://appleid.apple.com>.
- You must include a current evaluation/recommendation from a Speech/Language Professional.
- You must confirm that support is available to help the individual with ASD learn to effectively use the iPad as a communication device.

Please initial each line indicating your agreement:

_____ I agree that the iPad cannot be sold, given away or used for any other purpose than the benefit of the individual with Autism that it is awarded to, and that its primary use is to serve as an assistive communication device.

_____ I agree to keep the iPad in a protective case at all times.

_____ If the iPad is not used for its intended purpose, I agree to return it to the National Autism Association.

_____ I agree to submit a testimonial and/or photo on the use of the iPad to the NAA upon request.

_____ I understand that the National Autism Association is not able to provide technical support for the device hardware or software.

What is the person with Autism's ability to use verbal communication? (Circle One):

Nonspeaking Single Words Minimally/Unreliably Speaking

Is he/she currently working with a Speech/Language Professional? Yes _____ No _____

Is he/she at risk of bodily harm due to any or all of the following? Wandering/Elopement _____
Aggression _____ Self-injury _____ History of Restraint _____
If yes, please explain in comment section below.

Does he/she currently use PECS, Sign Language or another form of non-verbal communication?
Yes _____ No _____ If yes, please specify: _____

Does he/she currently use an assistive communication device at home? Yes _____ No _____

Does anyone living in the home currently have an iPad, iPod Touch or iPhone? Yes _____ No _____

Does your child use an iPad at a school, therapy or day program? Yes _____ No _____

Have you previously applied for a communication device through your school district?

Yes _____ No _____

If yes, what was the result? _____

Have you previously applied for a communication device or assistive communication software through your medical insurance provider? Yes _____ No _____

If yes, what was the result? _____

Active iTunes Account/AppleID to be used for this iPad: _____
(Please be sure to keep a record of this, you must use the ID provided here to set up the iPad.)

INDIVIDUAL WITH AUTISM

Full Name: _____ Age: _____ Date of Birth: _____

What is your relationship to the individual with Autism? _____

PARENT/LEGAL GUARDIAN

Full Name: _____

Marital Status: _____ Telephone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Telephone: _____

Total annual income of family living in the home: \$ _____

Please comment specifically on why you feel this individual will benefit from an assistive communication device, how the individual with Autism will be using the iPad and the type of support the individual will receive in learning to effectively use the device. Please include a short paragraph describing any high-risk factors or behaviors, such as wandering/elopement, aggression, self-injury, or history of restraint. (A physician’s note is helpful.) Feel free to attach a separate page for your comments.

Child’s Official Diagnosis: _____

(You MUST attach a Physician’s letter confirming diagnosis. Do NOT send a full evaluation, it will not be reviewed.)

Physician involved in child’s treatment:

Name: _____ Phone: _____

Address: _____

Speech Pathologist involved in child's treatment:

Name: _____ Phone: _____

Practice or School Name: _____

Email Address: _____

Address, City, State, Zip: _____

You MUST attach a current evaluation/report on the child's verbal abilities and a recommendation for assistive communication. DO NOT SEND YOUR CHILD'S IEP, IT WILL NOT BE REVIEWED.

Have you previously received grant funding from NAA? Yes_____ No_____

SUPPLEMENTAL SECURITY INCOME (SSI) \$_____

Personal Statement of Income and Financial Status of Custodial Parents or Guardians

ASSETS

Checking Account \$_____

Savings Account \$_____

Real Estate \$_____

Home Value \$_____

Automobiles \$_____

Personal Property \$_____

Stocks/IRA/Etc \$_____

Total Assets: \$_____

MONTHLY LIABILITIES

Monthly House Payment/Rent \$_____

Other Monthly Bills/Loans \$_____

Monthly Utilities \$_____

Monthly Insurance \$_____

Monthly Automobile Expenses \$_____

Monthly Medical Bills \$_____

Physician/Agency \$_____

Total Monthly Liabilities: \$_____

Combined sources of income:

Attach a copy of your most recent tax return. (Main form only - do NOT send attachments/schedules.)

INCOME TYPE

MONTHLY

ANNUAL

Salary: \$_____ \$_____

Bonuses and Commissions: \$_____ \$_____

Alimony/Child Support: \$_____ \$_____

Real Estate Income: \$_____ \$_____

All Other Income: \$_____ \$_____

TOTAL INCOME: \$_____ \$_____

(ALL OTHER INCOME includes Grants, Social Security, CRS, Medicaid, etc.)

By signing below, I attest that all information is truthful and accurate. I grant my permission to NAA to contact the clinicians listed for verification. I understand that providing false information will immediately disqualify my application and any future grant opportunities from NAA.

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____

Please KEEP THIS PAGE for your records.

***** YOUR APPLICATION CHECKLIST *****

Before sending, be sure that you have included:

1. _____ Fully Completed Application
2. _____ Evaluation/Recommendation from a Speech Therapist
3. _____ Letter From Physician Confirming Autism Diagnosis
4. _____ Most Recent Tax Return

Mail completed application, clinician's letters, and most recent IRS tax return to:

**National Autism Association
Give A Voice
310 Maple Ave., Suite E1
Barrington, RI 02806**

Your application cannot be considered unless it is completed legibly, signed, and all supporting documents are attached. The information included in your application will be kept confidential and for internal use by NAA only. Applications and supporting documents will not be returned. Please keep a copy for your records.

Frequently Asked Questions

Q: How many iPads can I request?

A: One per family.

Q: Is there an age limit for the individual with Autism to receive an iPad?

A: Ages 5 and up are eligible.

Q: How do I apply for an iPad from the National Autism Association for my child?

A: First, review the basic criteria. If you meet the criteria, complete the application. You must attach a letter from your child's physician that confirms your child's diagnosis. You must attach a report/evaluation from a speech pathologist. You must provide a copy of your most recent tax return – the main page showing your taxable income is fine, please do not send attachments or schedules. If you did not file a tax return, you must provide alternate proof of income.

Q: I've sent my application in. How long until I know if my application has been approved?

A: Once we have received your completed application, it will be thoroughly reviewed by NAA staff within 2-4 weeks. **ONLY APPROVED GRANT RECIPIENTS WILL BE CONTACTED BY NAA.** ***If you want to confirm receipt of your application, mail with Return Receipt requested or Delivery Confirmation from the post office.***