



## **2018 GRANT APPLICATION**

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

GIVE A VOICE PROGRAM  
One Park Avenue, Suite 1  
Portsmouth, RI 02871

***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](mailto: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
- Avatalker AAC assistive communication software app
- Spigen 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 4 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 report on the use of the iPad to the National Autism Association upon request.

\_\_\_\_\_ In order to support my child in learning to use this communication device, I agree to review videos/tutorials at <http://avatakeraac.com>.

\_\_\_\_\_ 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):

Non-Verbal          Single Words          3-4 Word Sentences          Conversational

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.

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**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  
One Park Avenue, Suite 1  
Portsmouth, RI 02871**

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 4 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: Will the iPad be pre-loaded with Avatalker AAC?**

A: No. If your application is approved, NAA will provide a redemption code for the app to the iTunes account that you specify in your application. When your iPad is received and powered on, you must use the iTunes/Apple ID specified in your application to set it up. Be sure to keep a record of your iTunes user name and password.

**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 4-6 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.*