



"VOICE FOR KIDS" CAMPAIGN

ELIGIBILITY REQUIREMENTS

- Individual must be diagnosed with an autism spectrum disorder. (Documentation is required.)
- Individual must be at least 4 years old.
- Individual must be non-verbal or minimally verbal and has communication challenges that put them at risk of injury or harm.
- Individual must reside in the United States.
- Individual must receive Speech Therapy.
- Individual does not have private insurance coverage for requested expenses.
- Individual does not have Medicaid. (or may provide documentation showing Medicaid denial for requested expenses)
- Family must show financial need.
- For individuals requesting Mini iPad, must have access to iTunes account.

COMMUNICATION EXPENSES COVERED

- iPad Mini and/or iPad Air with LAMP (Words for Life) application & cover
- iPad Cover for own device
- Warranty for current AAC Device
- App for own device (LAMP, Proloquo2go, etc) *app must be requested by attending Speech Language Pathologist*

Funding for this program is extremely limited. This program is intended only for families in dire need of financial assistance who would otherwise NOT be able to obtain a communication device and/or accessories.

Application deadline is December 3rd. Only completed applications with required documentation will be considered for funding.



"VOICE FOR KIDS" CAMPAIGN

PO BOX 2985
Edinburg, Texas 78541
Phone: 956-509-4121 Fax: 888-308-0992
E-Mail: info@teammario.org
www.teammario.org

Every child deserves a voice.

CHILD WITH AUTISM:

NAME: _____ **AGE:** _____

DIAGNOSIS: _____

PARENT/LEGAL GUARDIAN: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **CELL NUMBER:** _____

EMAIL ADDRESS: _____

EMPLOYER (MOM) : _____

EMPLOYER (DAD): _____

TOTAL ANNUAL INCOME OF FAMILY: \$ _____

CHILD'S PRIMARY CARE PHYSICIAN: _____

(Please submit confirmation of diagnosis. All information will be kept confidential.)

SPEECH THERAPIST INFORMATION:

Name: _____ **Phone:** _____

NAME OF CLINIC OR SCHOOL: _____

EMAIL ADDRESS: _____

ADDRESS: _____

NUMBER OF SPEECH THERAPY SESSIONS PER WEEK: _____

Please submit support letter from your child's speech therapist.

CHILD'S NAME: _____ **AGE:** _____

Information about your child:

Is he/she non-verbal? _____

Does he/she currently use a communication device? _____

If yes, which device and/or app? _____

Does child have access to iPad at school? _____

TECHNOLOGY REQUEST

_____ **iPad Mini or iPad Air with LAMP (Words for Life) and cover**
Do you have an iTunes account/Apple ID? _____

_____ **Cover for my child's iPad**

iPad Model: _____

_____ **App for my child's iPad: Name of App:** _____
(Limit \$200)

_____ **Warranty renewal for child's device:**
(Limit \$200) Please provide payee, amount and invoice.

CHILD'S NAME: _____ **AGE:** _____

Please initial each line if requesting an iPad Mini/iPad Air

_____ I agree that the iPad Mini/iPad Air will not be sold, given away or used for any other purpose than for the benefit of the individual with Autism.

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

_____ If the iPad Mini is not used for its intended purpose, I agree to return it to TEAM MARIO.

_____ I agree that the iPad Mini's/iPad Air's primary use will be to serve as an assistive communication device.

_____ In order to support my child in learning to use this communication device, agree to attend therapy with him/her.

_____ I understand and agree that TEAM MARIO is not able to provide technical support for the device, hardware or software.

_____ I understand and agree that TEAM MARIO is not responsible for any damage to the device, software or accessories.

_____ I understand and agree that TEAM MARIO is not responsible for lost or stolen devices or accessories and I understand that TEAM MARIO will **not** replace any lost or damaged devices or accessories.

Parent Signature and Date

WITNESS NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE: _____

**PLEASE MAIL TO:
TEAM MARIO
ATTN: "VOICE FOR KIDS" CAMPAIGN
PO BOX 2985
EDINBURG, TX 78541

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