



"VOICE FOR KIDS" CAMPAIGN

ELIGIBILITY REQUIREMENTS

- Individual must be diagnosed with 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 with LAMP (Words for Life) application & cover or
- iPad Cover for own device or
- Warranty for current AAC Device or
- 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 October 27, 2023. Only completed applications with required documentation will be considered for funding.





"VOICE FOR KIDS" CAMPAIGN APPLICATION

Child's Name:		
Parent's Name:		
Address:		
Diagnosis:		Date of birth:
Phone/Cell:		Email address:
Employer (Mom):		
Employer (Dad):		
Total Annual Family Income (include all sources of income):		
Child's Primary Care Physician:		
Address:		
Phone:		
<i>(Please submit confirmation of diagnosis. All information will be kept confidential.)</i>		
Speech Therapist:	How many times a week does child attend speech therapy?	Is child non-verbal?
Therapy Clinic:		Does child currently use a communication device?
Address:	How long are sessions?	If yes, which device and/or app?
Phone:		
Email address:		
<i>(Please submit letter of support from your child's Speech Therapist)</i>		Does child have access to an iPad at school?

CHILD'S NAME: _____ AGE: _____

Please tell us how the iPad and/or technology accessories will help your child with communication and social skills. What type of support will your child receive to learn to use the device? Please tell us about your child and include information about current method of communication, behaviors, school and therapies he/she receives. (You may attach a separate paper for additional comments.)

TECHNOLOGY REQUEST

(select one)

_____ iPad 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.

Please initial each line if requesting an iPad

_____ I agree that the iPad 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 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 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 agree to complete at least 1 training regarding AAC intervention as provided by TEAM MARIO and develop a follow up implementation plan to attend additional trainings on my own.

_____ 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's Signature: _____

Date: _____

Witness (print name and address)

Witness Signature: _____

Date: _____