



# “VOICE FOR KIDS” CAMPAIGN

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## 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 Mini and/or iPad Air 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 April 6, 2018.** 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:   |   |  |
| Phone:   | How long are sessions?                                  | If yes, which device and/or app?                 |
| Email address:   |   |  |
| <i>(Please submit letter of support from your child's Speech Therapist)</i>                  |   | Does child have access to an iPad at school?     |



# TECHNOLOGY REQUEST

(select one)

- 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.

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's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness (print name and address) \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_