



**Applications will be accepted from April 1<sup>st</sup> – April 30<sup>th</sup>, 2015**

**"IPAD 4 U"**

**APPLICANT INFORMATION – PLEASE PRINT**

Childs Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Parent/Guardian Name:	Annual Income:	Ethnicity:
<b>DIAGNOSIS &amp; THERAPIES</b>		
Diagnosis:		
Current Therapies:		How long?
Provider Name:	Provider Contact #	Provider Email:
Provider Name:	Provider Contact #	Provider Email:
Provider Name:	Provider Contact #	Provider Email:

Does your child have limited or no language? YES NO

Please describe your child's communication abilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have ATAP funding? YES NO

Have you applied for assistive technology through CCSD? YES NO

Do you currently have assistive technology through CCSD? YES NO

If so, What device does your child use? \_\_\_\_\_

Do you have a provider that uses "ProloQuo2Go" in their treatment plan or another communication program? YES NO

If yes, Please provide the providers name and name of the communication Program:

\_\_\_\_\_

What is your primary purpose for requesting an assistive tech device? \_\_\_\_\_

"IPAD 4 U" is funded by ACT (Autism Community Trust) In collaboration with FEAT (Families for Effective Autism Treatment) & TLC (The Lovaas Center)

This IPAD 4 U scholarship program is designed to provide assistive tech devices to those children on the autism spectrum with limited or no language. Our goal is to assist children with a device so they can be a productive member in the community and reach their full potential.



## IPAD 4 U General Information Page:

- The parent must be a member of FEAT of southern Nevada to apply for the "IPAD 4 U" Program. Please sign up as a member on-line at [www.featsonv.org](http://www.featsonv.org). Non Members will not be considered.
- Parent/guardian and or provider must provide a written statement as to why an IPAD/IPOD would be appropriate for your child (300 words or less – please attach statement to application)
- Must be a local Southern Nevada resident to qualify (Las Vegas / Henderson)
- The child must have a diagnosis of Autism Spectrum Disorder
- You must Provide Proof of Autism (Diagnosis letter from your child's physician or front page of an IEP)
- Child must have limited or no language. You must provide proof (Documentation from Speech Path, ABA Provider, IEP present levels or a proposal for an assistive tech device from your child's physician)
- All applicants must be under the age of 18
- You must have a provider that uses "ProLoQuo2Go" in their treatment plans or another communication program that the child has been successful with.
- Provider must be able to teach, support and train the child and members of the family on how to use "ProLoQuo2Go" or another similar communication program that the child has been successful with.
- Provider must sign the "IPAD 4 U" scholarship application to be considered
- This program will award ONE device - either an IPAD Mini 32 GB **OR** IPOD Touch 32 GB
- IPAD 4 U Scholarship Program will provide one device per family
- Parent/Guardians are responsible to purchase protective covering and screen protectors
- FEAT, TLC & ACT will not be responsible for broken devices, repair services and or replacement of device
- If your child has been approved through CCSD for an Assistive Technology device you will not qualify for the "Ipad 4 U" Scholarship Program
- IPOD/IPADS and funding is limited, not every applicant will be awarded an assistive tech device
- Incomplete applications will not be accepted
- You will be contacted by a member of the review committee if your child has been awarded an assisted tech device

I agree to the terms of the general information page:

Signatures	
Signature of Guardian:	Date:
Signature of Provider:	Date:

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**Scholarship Dates & Deadlines:**

- Applications will be accepted from April 1<sup>st</sup>, 2015 – April 30<sup>th</sup>, 2015
- Scholarship recipients will be notified by the review committee no later than May 31<sup>st</sup>, 2015

**Please Provide These Documents:**

1. Completed Application
2. Proof of Autism (Diagnosis letter from your child’s physician or front page of an IEP)
3. Written Statement as to why your child would benefit from an assistive tech device (300 words or less)
4. Proof of limited or no communication (documentation from a speech path, ABA Provider, IEP Present Levels or a proposal from your child’s physician requesting an assistive tech device)

**Return all completed applications to:**

FEAT of Southern Nevada  
 “Ipad 4 U Scholarship Program”  
 7055 Windy Street  
 Suite B  
 Las Vegas NV 89119

**Release of Liability:**

I agree to indemnify and hold harmless Autism Community Trust (ACT), FEAT of southern Nevada (Families for Effective Autism Treatment), TLC (The Lovaas Center) & The IPAD 4 U Scholarship Program and any and all employees agent or representatives of same, from damages to property injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits and actions by any party against the IPAD 4 U Scholarship Program and any and all employees, agents, representatives of same, in connection with the IPAD 4 U Scholarship Program.

<b>Signatures</b>	
Signature of Guardian:	Date:
Signature of Guardian:	Date:

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